



**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: 01/01/11 to 12/31/11

1. Committee I.D. Number  
**14074**

2. Committee Name  
**TOM HICKNER FOR COUNTY EXECUTIVE**

4. Candidate Last Name **HICKNER** First Name **THOMAS** M.I. **L**

4a. Office Sought Including District # or Community Served (If applicable)  
**COUNTY EXECUTIVE**

4b. County of Residence **BAY**

5. Committee's Mailing Address  
**TOM HICKNER  
PO BOX 403  
BAY CITY MI 48707-0403**

Area Code and Phone (989) 667-4125

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  
**KEN GRZEGORCZYK  
2889 QUEEN ANNES CT  
BAY CITY MI 48708**

Area Code & Phone (989) 684-4985

7. Treasurer's Business Address  
**J & K INCOME TAX SERVICE  
1604 22ND ST  
BAY CITY MI 48708**

Area Code and Phone (989) 892-2563

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)  
**MARIE A HAYES  
114 N SHERIDAN ST  
BAY CITY MI 48708**

Area Code and Phone (989) 892-3986

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 \_\_\_\_\_

9c.  Annual Statement ( 2011 Coverage Year)

9d.  Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e.  Dissolution of Candidate Committee

Effective Date of Dissolution \_\_\_\_\_

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

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

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

Current Treasurer or Designated Record keeper **MARIE A HAYES** Signature *Marie A. Hayes* Date 1/16/2012

Candidate **THOMAS L HICKNER** Signature *[Signature]* Date 1/16/2012



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074

2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

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

6. Amount

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

3. Contribution #1 PAC Receipt?  YES 4. Date of Receipt 03/07/11

Name & Address:  
**ROD ADAMS  
PO BOX 599  
BAY CITY MI 48707**

\$ 20.00

\$ \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt 03/15/11

Name & Address:  
**JOE ALBOSTA  
3735 S GLEANER  
SAGINAW MI 48609**

\$ 20.00

\$ \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #3 PAC Receipt?  YES 4. Date of Receipt 03/14/11

Name & Address:  
**GEORGE/SANDRA AUGUSTYNIAK  
2840 KAISER RD RT 1  
PINCONNING MI 48650**

\$ 20.00

\$ 60<sup>00</sup>

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #4 PAC Receipt?  YES 4. Date of Receipt 03/15/11

Name & Address:  
**FRANK BEDNAREK  
HOOKER & DEJONG  
410 TERRACE PLAZA  
MUSKEGON MI 49440**

\$ 20.00

\$ \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

Page Subtotal

\$80.00

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 14074  
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

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

6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
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3. Contribution #1 PAC Receipt?  YES 4. Date of Receipt 03/15/11

Name & Address:  
MARK/DEANNE BERGER  
2235 CARROLL RD  
BAY CITY MI 48708

\$ <u>20.00</u>	\$ <u>60.00</u>
-----------------	-----------------

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

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt 03/04/11

Name & Address:  
WILLIAM/LAURIE BERNER  
271 DONAHUE BCH  
BAY CITY MI 48706

\$ <u>100.00</u>	\$ <u>300.00</u>
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5. If over \$100.00 cumulative, please provide:  
Occupation PRESIDENT Employer BERNER MEDICAL SYSTEMS

[Click Here for Memo Itemization](#)

Business Address 1000 WOODSIDE AVE. ESSEXVILLE, MI

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #3 PAC Receipt?  YES 4. Date of Receipt 03/14/11

Name & Address:  
PATRICK BESON  
1480 S HURON RD  
KAWKAWLIN MI 48631

\$ <u>100.00</u>	\$ _____
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5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #4 PAC Receipt?  YES 4. Date of Receipt 03/26/11

Name & Address:  
JAMES/JANET BLANCHARD  
22326 VALLEY OAKS DR  
BEVERLY HILLS MI 48025

\$ <u>250.00</u>	\$ <u>350.00</u>
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5. If over \$100.00 cumulative, please provide:  
Occupation ATTORNEY Employer DLA PIPER US

[Click Here for Memo Itemization](#)

Business Address 500 8TH ST NW WASHINGTON DC

Type of Contribution:  Direct  Loan from a person  Fund Raiser

Page Subtotal \$470.00

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 14074

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

6. Amount

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

3. Contribution # 1 PAC Receipt?  YES 4. Date of Receipt 03/17/11

Name & Address:  
LARRY/MIMI BOON  
800 THOMPSON ST  
ESSEXVILLE MI 48732

\$ 20.00 \$ 40.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt 03/15/11

Name & Address:  
BILL BORCH  
PO BOX 857  
BAY CITY MI 48707

\$ 20.00 \$ 60.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #3 PAC Receipt?  YES 4. Date of Receipt 03/09/11

Name & Address:  
TIM/BETH BOUTELL  
855 S LINWOOD BCH RD  
LINWOOD MI 48634

\$ 100.00 \$ 250.00

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

Occupation OWNER Employer BAY HARBOR CONDO

[Click Here for Memo Itemization](#)

Business Address 930 E. HARBOR VIEW BAY CITY MI

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #4 PAC Receipt?  YES 4. Date of Receipt 03/13/11

Name & Address:  
SCOTT/MARILYN BRINK  
1810 EAST COGGINS RD  
PINCONNING MI 48650

\$ 50.00 \$ \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

Page Subtotal \$190.00

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 14074  
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES Name & Address: <u>CHARLES/JAN BROWN</u> <u>5625 W SPRING KNOLL DR</u> <u>BAY CITY MI 48706</u>		\$ <u>50.00</u>	\$ <u>100.00</u>
4. Date of Receipt <u>03/02/11</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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES Name & Address: <u>MIKE/SANDY BUDA</u> <u>526 HANDY DR</u> <u>BAY CITY MI 48706</u>		\$ <u>20.00</u>	\$ <u>60.00</u>
4. Date of Receipt <u>03/02/11</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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES Name & Address: <u>WILLIAM/LINDA CAPRATHE</u> <u>3055 LINDEN PARK DR</u> <u>BAY CITY MI 48706</u>		\$ <u>20.00</u>	\$ _____
4. Date of Receipt <u>03/15/11</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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES Name & Address: <u>SCOTT/NANCY CARMONA</u> <u>5757 S TWO MILE RD</u> <u>BAY CITY MI 48706</u>		\$ <u>100.00</u>	\$ <u>200.00</u>
4. Date of Receipt <u>03/14/11</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>PRES.-CEO</u> Employer <u>SUNRISE NATIONAL DIST.</u> Business Address <u>6004 WESTSIDE SAGINAW RD STE B BAY CITY MI 48706</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal \$190.00

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 14074  
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6. Amount  
7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution #1 PAC Receipt?  YES 4. Date of Receipt 03/15/11

Name & Address:  
**PAMELA CLIFFORD**  
507 MAIN ST  
ESSEXVILLE MI 48732

\$ 20.00 \$ \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt 03/15/11

Name & Address:  
**ERIC/EILEEN CURTIS**  
1113 CARRIE LYNN DR  
BAY CITY MI 48706

\$ 50.00 \$ 100.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #3 PAC Receipt?  YES 4. Date of Receipt 03/09/11

Name & Address:  
**MIKE/DIANA DALTON**  
116 VAIL CT  
MIDLAND MI 48640

\$ 50.00 \$ 130.00

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

Occupation OWNER Employer MORGAN'S AUTO

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Business Address 800 CENTER AVE. BAY CITY

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #4 PAC Receipt?  YES 4. Date of Receipt 03/01/11

Name & Address:  
**FR BOB DELAND**  
710 COLUMBUS AVE  
BAY CITY MI 48708

\$ 20.00 \$ 60.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

Page Subtotal \$140.00

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 14074  
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES Name & Address: <b>MARK/CORI DENAY</b> <b>1865 E SALZBURG RD</b> <b>BAY CITY MI 48706</b>	4. Date of Receipt <u>03/10/11</u>	\$ <u>30.00</u>	\$ <u>90.00</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		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES Name & Address: <b>SEAN/TRACY DESJARLAIS</b> <b>1308 MERCER ST</b> <b>ESSEXVILLE MI 48732</b>	4. Date of Receipt <u>03/06/11</u>	\$ <u>20.00</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		Click Here for Memo Itemization	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES Name & Address: <b>GERALD/MARY DESLOOVER</b> <b>3682 E MARCUS</b> <b>SAGINAW MI 48603</b>	4. Date of Receipt <u>03/03/11</u>	\$ <u>50.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CPA</u> Employer <u>THE REHMANN GROUP</u> Business Address <u>5800 GRATIOT SAGINAW MI.</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES Name & Address: <b>AL/JANICE DONER</b> <b>1568 WEDGEWOOD</b> <b>ESSEXVILLE MI 48732</b>	4. Date of Receipt <u>03/03/11</u>	\$ <u>25.00</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		Click Here for Memo Itemization	

Page Subtotal \$125.00

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 14074  
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6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
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3. Contribution #1 PAC Receipt?  YES 4. Date of Receipt 03/15/11

Name & Address:  
**MARY DONNELLY**  
613 GREEN  
BAY CITY MI 48708

\$ 20.00 \$ 60.00

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

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Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt 03/08/11

Name & Address:  
**ART DORE**  
PO BOX 146  
BAY CITY MI 48707-0146

\$ 50.00 \$ 100.00

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

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Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #3 PAC Receipt?  YES 4. Date of Receipt 03/03/11

Name & Address:  
**JAMES FALVEY**  
2088 REPPUHN DR  
BAY CITY MI 48706

\$ 15.00 \$ \_\_\_\_\_

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

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Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #4 PAC Receipt?  YES 4. Date of Receipt 03/15/11

Name & Address:  
**WALT/MARTY FITZHUGH**  
3077 OAKWOOD CT  
BAY CITY MI 48706

\$ 100.00 \$ 300.00

5. If over \$100.00 cumulative, please provide:  
Occupation CORPORATION COUNSEL Employer BAY COUNTY

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Business Address 515 CENTER AVE BAY CITY MI  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

Page Subtotal \$185.00

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
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6. Amount

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

3. Contribution #1 PAC Receipt?  YES 4. Date of Receipt 03/15/11

Name & Address:  
**BILL/ELAINE FOURNIER**  
1108 N WATER  
BAY CITY MI 48708

\$ 20.00

\$ 20.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt 03/04/11

Name & Address:  
**ED GALLAGHER - NANCY POWERS**  
28 CENTER CT  
BAY CITY MI 48708

\$ 20.00

\$ 55.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

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3. Contribution #3 PAC Receipt?  YES 4. Date of Receipt 03/06/11

Name & Address:  
**RODNEY/ALICE GERARD**  
3231 BANGOR  
BAY CITY MI 48706

\$ 20.00

\$ \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

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3. Contribution #4 PAC Receipt?  YES 4. Date of Receipt 03/15/11

Name & Address:  
**HARRY GILL**  
3030 W RIVERVIEW DR  
BAY CITY MI 48706

\$ 100.00

\$ 150.00

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

Occupation JUDGE Employer Bay County

Business Address 1230 WASHINGTON AVE. Bay City Mi

Type of Contribution:  Direct  Loan from a person  Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal \$160.00

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

Enter this total on  
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Page.



**ITEMIZED CONTRIBUTIONS  
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CANDIDATE COMMITTEE**

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6. Amount

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

3. Contribution #1 PAC Receipt?  YES 4. Date of Receipt 03/07/11

Name & Address:  
**GENE/JUDITY GILLETTE**  
200 N CHILSON  
BAY CITY MI 48706

\$ 20.00 \$ 40.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt 03/04/11

Name & Address:  
**ED GLEDHILL**  
7387 3 MILE RD  
BAY CITY MI 48706

\$ 20.00 \$ 90.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #3 PAC Receipt?  YES 4. Date of Receipt 03/08/11

Name & Address:  
**JAMES/LISA GOODROW**  
214 PARK AVE  
BAY CITY MI 48708

\$ 100.00 \$ \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #4 PAC Receipt?  YES 4. Date of Receipt 03/15/11

Name & Address:  
**JASON GOWER**  
4630 FLAJOLE  
MIDLAND MI 48642

\$ 50.00 \$ \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal \$190.00

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 14074  
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

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

6. Amount

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

3. Contribution #1 PAC Receipt?  YES 4. Date of Receipt 03/30/11

Name & Address:  
**MICHAEL GRABOWSKI**  
405 GARFIELD AVE  
BAY CITY MI 48708

\$ 25.00

\$ \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

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3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt 03/15/11

Name & Address:  
**MIKE/SALLY GRAY**  
4009 S FRASER RD  
BAY CITY MI 48706

\$ 100.00

\$ \_\_\_\_\_

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

Occupation ASSISTANT COUNTY EXEC Employer BAY COUNTY

Business Address 515 CENTER AVE BAY CITY MI

Type of Contribution:  Direct  Loan from a person  Fund Raiser

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3. Contribution #3 PAC Receipt?  YES 4. Date of Receipt 03/05/11

Name & Address:  
**WILLIAM/MARIAN GREGORY**  
264 JENNISON PL  
BAY CITY MI 48708

\$ 20.00

\$ 60.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

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3. Contribution #4 PAC Receipt?  YES 4. Date of Receipt 03/02/11

Name & Address:  
**JOHN/MARILYN GRIGG**  
2421 LAKEVIEW CT  
BAY CITY MI 48706

\$ 10.00

\$ 55.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

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Page Subtotal \$155.00

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 14074

2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

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

6. Amount

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

3. Contribution # 1 PAC Receipt?  YES 4. Date of Receipt 03/04/11

Name & Address:

**DON/WINFRED GROBBEL**  
6333 GOLF LAKES  
BAY CITY MI 48706

\$ 20.00

\$ 65.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt 03/15/11

Name & Address

**GENE/CAROL GWIZDALA**  
1305 S MONROE  
BAY CITY MI 48708

\$ 40.00

\$ 80.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #3 PAC Receipt?  YES 4. Date of Receipt 03/14/11

Name & Address:

**CHERYL HADSALL**  
12300 OAK  
BIRCH RUN MI 48415

\$ 25.00

\$ 50.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #4 PAC Receipt?  YES 4. Date of Receipt 03/06/11

Name & Address

**MICHAEL/SHEILA HANISKO**  
2994 THUNDERBIRD  
BAY CITY MI 48706

\$ 25.00

\$ 50.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

Page Subtotal \$110.00

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 14074  
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

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

6. Amount

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

3. Contribution # 1 PAC Receipt?  YES 4. Date of Receipt 03/07/11  
Name & Address:

DON/RITA HARE  
2920 BLUEBERRY PL  
SAGINAW MI 48603

\$ 50.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

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3. Contribution # 2 PAC Receipt?  YES 4. Date of Receipt 03/15/11  
Name & Address:

JEFFREY/CRYSTAL HEBERT  
6-1 GLENVIEW CT  
PINCONNING MI 48650

\$ 50.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

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3. Contribution # 3 PAC Receipt?  YES 4. Date of Receipt 03/14/11  
Name & Address:

SHAWN/ELLEN HEINITZ  
2770 FREELAND RD #19  
SAGINAW MI 48604

\$ 20.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

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3. Contribution # 4 PAC Receipt?  YES 4. Date of Receipt 03/05/11  
Name & Address:

CHRISTOPHER HENNESSY  
MEGHAN CHERRY  
420 PINE ST  
CLIO MI 48420

\$ 20.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

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Page Subtotal \$140.00

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

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line 3a of Summary  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074

2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

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

6. Amount

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

3. Contribution #1 PAC Receipt?  YES 4. Date of Receipt 03/05/11

Name & Address:

**KATHRYN HODGE**  
602 W INDIANA  
BAY CITY MI 48706

\$ 20.00

\$ \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt 03/17/11

Name & Address:

**JIM HOLLERBACH**  
5231 PARKWAY DR  
BAY CITY MI 48706

\$ 20.00

\$ \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #3 PAC Receipt?  YES 4. Date of Receipt 03/15/11

Name & Address:

**FRANCES HORGAN**  
1706 WILSON ST  
BAY CITY MI 48708

\$ 25.00

\$ \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #4 PAC Receipt?  YES 4. Date of Receipt 03/07/11

Name & Address:

**MARTIN/JACKIE HORNACEK**  
609 GLENVIEW CT  
PINCONNING MI 48650

\$ 50.00

\$ 100.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

Page Subtotal \$115.00

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

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line 3a of Summary  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074

2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

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

6. Amount

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

3. Contribution #1 PAC Receipt?  YES 4. Date of Receipt 03/07/11

Name & Address:  
**CAL HORNER**  
5381 KASEMEYER RD  
BAY CITY MI 48706

\$ 20.00

\$ \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

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3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt 03/02/11

Name & Address:  
**JOHN HOWLAND**  
2110 16TH ST  
BAY CITY MI 48708

\$ 25.00

\$ 65.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

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3. Contribution #3 PAC Receipt?  YES 4. Date of Receipt 03/09/11

Name & Address:  
**HOWARD/SUSAN HURT**  
607 W COTTAGE GROVE RD  
LINWOOD MI 48634

\$ 20.00

\$ 60.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

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3. Contribution #4 PAC Receipt?  YES 4. Date of Receipt 03/15/11

Name & Address:  
**CHRIS IZWORSKI**  
3125 OAKBROOK WAY  
BAY CITY MI 48706

\$ 20.00

\$ 60.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

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Page Subtotal \$85.00

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

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line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074

2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

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

6. Amount

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

3. Contribution #1 PAC Receipt?  YES 4. Date of Receipt 03/22/11

Name & Address:  
**JOHN/KAREN JACOBS**  
148 LITTLE KILLARNEY  
BAY CITY MI 48706

\$ 25.00 \$ 50.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt 03/18/11

Name & Address:  
**MARK/KATHLEEN JANER**  
1701 MOSHER ST  
BAY CITY MI 48706

\$ 20.00 \$ 50.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #3 PAC Receipt?  YES 4. Date of Receipt 03/15/11

Name & Address:  
**EDNA KAY-SIMONS**  
1509 3RD  
BAY CITY MI 48708

\$ 20.00 \$ 40.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #4 PAC Receipt?  YES 4. Date of Receipt 03/15/11

Name & Address:  
**TIM/PAMELA KELLY**  
2152 6TH ST  
BAY CITY MI 48708

\$ 40.00 \$ 60.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

Page Subtotal \$105.00

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 14074

2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: <b>TREVOR KEYES</b> 810 GERMANIA AVE BAYCITY MI 48706	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/14/11</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 Name & Address: <b>THOMAS KINNEY</b> 1400 W BORTON RD ESSEXVILLE MI 48732	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/05/11</u>	\$ <u>50.00</u> \$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>KINNEY DAIRIES</u> Business Address <u>1215 N JOHNSON ST BAY CITY MI</u>		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #3 Name & Address: <b>BRANDAN KRAUSE</b> 655 W RIVER RD KAWKAWLIN MI 48631	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/15/11</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #4 Name & Address: <b>ERNEST/MARY KRYGIER</b> 785 APLIN BAYCITY MI 48706	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/05/11</u>	\$ <u>50.00</u> \$ <u>70.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal \$140.00

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 14074  
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

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

6. Amount

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

3. Contribution #1 PAC Receipt?  YES 4. Date of Receipt 03/15/11

Name & Address:  
BILL/SHERRY LAMERE  
2722 S WESTGATE DR  
BAY CITY MI 48706

\$ 50.00 \$ 80.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

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3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt 03/13/11

Name & Address:  
SHAWN LAMERE  
3610 GRAEBNER LN  
SAGINAW MI 48602

\$ 20.00 \$ 40.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

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3. Contribution #3 PAC Receipt?  YES 4. Date of Receipt 03/13/11

Name & Address:  
BARB LAPORTE  
411 GREEN  
BAY CITY MI 48708

\$ 20.00 \$ \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

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3. Contribution #4 PAC Receipt?  YES 4. Date of Receipt 03/09/11

Name & Address:  
THOMAS LAPORTE  
306 5TH ST  
BAY CIYT MI 48708

\$ 100.00 \$ \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

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Page Subtotal \$190.00

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 14074  
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

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

6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
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3. Contribution #1 PAC Receipt?  YES 4. Date of Receipt 03/07/11  
Name & Address:

P. JEAN LEAMING  
37 E SHARLEAR DR  
ESSEXVILLE MI 48732

\$ 50.00 \$ 100.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt 03/07/11  
Name & Address:

LYLE/CHARLENE LECRONIER  
5855 FLAJOLE RD  
FREELAND MI 48623

\$ 20.00 \$ 40.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #3 PAC Receipt?  YES 4. Date of Receipt 03/19/11  
Name & Address:

ED LEGNER  
1010 S HAMPTON ST  
BAY CITY MI 48708

\$ 50.00 \$ 100.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #4 PAC Receipt?  YES 4. Date of Receipt 03/04/11  
Name & Address:

KATHLEEN LEIKERT  
3304 EVERGREEN  
BAY CITY MI 48706

\$ 20.00 \$ 60.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

Page Subtotal	\$140.00
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 14074  
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

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

6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
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3. Contribution #1 PAC Receipt?  YES 4. Date of Receipt 03/18/11  
Name & Address:

JOHN/SUZANNE LEY  
7492 CYPRESS POINTE  
BAY CITY MI 48706

\$ 20.00 \$ 70.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

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3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt 03/15/11  
Name & Address:

CRISTEN LIPINSKI  
711 MCDONELL  
ESSEXVILLE MI 48732

\$ 50.00 \$ \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

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3. Contribution #3 PAC Receipt?  YES 4. Date of Receipt 03/15/11  
Name & Address:

COLLEEN MAILLETTE  
3123 KIRKWOOD PL  
BAY CITY MI 48706

\$ 20.00 \$ \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

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3. Contribution #4 PAC Receipt?  YES 4. Date of Receipt 03/15/11  
Name & Address:

KEITH MARKSTROM  
1383 N JONES  
ESSEXVILLE MI 48732

\$ 20.00 \$ 95.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

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Page Subtotal \$110.00

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

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

1. Committee I.D. Number 14074

2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

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

6. Amount

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

3. Contribution # 1 PAC Receipt?  YES 4. Date of Receipt 03/03/11

Name & Address:  
**NANCY MCDONOUGH**  
607 NURMI CT  
BAY CITY MI 48708

\$ 100.00 \$ 250.00

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

Occupation HOUSEWIFE Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 2 PAC Receipt?  YES 4. Date of Receipt 03/04/11

Name & Address:  
**AL/JOY MCFADYEN**  
2220 MCKINLEY  
BAY CITY MI 48708

\$ 50.00 \$ 150.00

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

Occupation DIRECTOR Employer DELHI TOWNSHIP

Business Address INGHAM COUNTY

Type of Contribution:  Direct  Loan from a person  Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 3 PAC Receipt?  YES 4. Date of Receipt 03/02/11

Name & Address:  
**EVA HICKNER MCGEE**  
2448 MIDLAND RD #107  
BAY CITY MI 48706

\$ 100.00 \$ 300.00

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

Occupation RETIRED Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 4 PAC Receipt?  YES 4. Date of Receipt 03/07/11

Name & Address:  
**SCOTT MCINTYRE**  
1107 SAGINAW  
BAY CITY MI 48708

\$ 20.00 \$ 40.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

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Page Subtotal **\$270.00**

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 14074  
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: <b>PHIL MCKENNA</b> 235 E MAIN ST NORTHVILLE MI 48167	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/05/11</u>	\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>URBAN PLANNER</u> Employer <u>MCKENNA ASSOCIATES</u> Business Address <u>235 E MAIN ST NORTHVILLE MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2 Name & Address: <b>MEL/MAUREEN MCNALLY</b> 2081 FRASER RD KAEKAWLIN MI 48631	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/03/11</u>	\$ <u>20.00</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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #3 Name & Address: <b>KIM MEAD</b> 2012 33RD ST BAY CITY MI 48708	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/07/11</u>	\$ <u>25.00</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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #4 Name & Address: <b>FREDERICK/MARY ANN MEYER</b> 5611 MEADOW VIEW DR BAY CITY MI 48706	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/27/11</u>	\$ <u>20.00</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		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal \$115.00

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 14074

2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

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

6. Amount

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

3. Contribution #1 PAC Receipt?  YES 4. Date of Receipt 03/09/11

Name & Address:  
**TERRY/BARB MILLER**  
4649 DAVID CT  
BAY CITY MI 48706

\$ 20.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

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3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt 03/15/11

Name & Address:  
**RICHARD/CAROLE MILSTER**  
210 PENDLETON  
BAY CITY MI 48708

\$ 100.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

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3. Contribution #3 PAC Receipt?  YES 4. Date of Receipt 03/11/11

Name & Address:  
**JON MORSE**  
1415 5TH ST  
BAY CITY MI 48708

\$ 50.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

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3. Contribution #4 PAC Receipt?  YES 4. Date of Receipt 03/07/11

Name & Address:  
**GEORGE/JUDITH MULLISON**  
610 PARK AVE  
BAY CITY MI 48708

\$ 20.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

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Page Subtotal \$190.00

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 14074  
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

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

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

3. Contribution #1 PAC Receipt?  YES 4. Date of Receipt 03/15/11  
Name & Address:

ALAN NICHOLLS  
1005 PINE ST  
ESSEXVILLE MI 48732

\$ 50.00 \$ \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt 03/15/11  
Name & Address:

LEONARD/MARY NORMAN  
3395 NORTHWAY DR  
BAY CITY MI 48706

\$ 50.00 \$ 150.00

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

Occupation 911 DIRECTOR Employer BAY COUNTY

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Business Address 1228 WASHINGTON AVE BAY CITY MI

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #3 PAC Receipt?  YES 4. Date of Receipt 03/08/11  
Name & Address:

PAT O'BRIEN  
4687 FOUR MILE RD  
BAY CITY MI 48706

\$ 50.00 \$ 70.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #4 PAC Receipt?  YES 4. Date of Receipt 03/15/11  
Name & Address:

LAURA OGAR  
601 N HAMPTON ST  
BAY CITY MI 48708

\$ 50.00 \$ 100.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

Page Subtotal \$200.00

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 14074  
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

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

6. Amount

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

3. Contribution #1 PAC Receipt?  YES 4. Date of Receipt 03/15/11

Name & Address:

**RICK PABALIS**  
5431 CHRISTENA RD  
BAY CITY MI 48706

\$ 20.00

\$ 70.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

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3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt 03/15/11

Name & Address

**TOM PAIGE**  
4838 11 MILE RD  
AUBURN MI 48611

\$ 20.00

\$ 40.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

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3. Contribution #3 PAC Receipt?  YES 4. Date of Receipt 03/05/11

Name & Address:

**KEITH/GRETCHEN PRETTY**  
608 W MAIN ST  
MIDLAND MI 48640

\$ 20.00

\$ 90.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

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3. Contribution #4 PAC Receipt?  YES 4. Date of Receipt 03/07/11

Name & Address

**TOM/MARY ANNE PUTT**  
3837 GARFIELD RD  
AUBURN MI 48611

\$ 20.00

\$ 65.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

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Page Subtotal \$80.00

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 14074  
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

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

3. Contribution #1 PAC Receipt?  YES 4. Date of Receipt 03/10/11

Name & Address:  
**FRANK/NANCY QUINN**  
4110 CREEKWOOD  
BAY CITY MI 48706

6. Amount \$ 20.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

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3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt 03/15/11

Name & Address:  
**TIM/JANE QUINN**  
201 LAGOON BCH DR  
BAY CITY MI 48706

6. Amount \$ 100.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 300.00

5. If over \$100.00 cumulative, please provide:  
Occupation PERSONNEL DIRECTOR Employer BAY COUNTY  
Business Address 515 CENTER AVE BAY CITY MI  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

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3. Contribution #3 PAC Receipt?  YES 4. Date of Receipt 03/07/11

Name & Address:  
**MARK/MICHELLE RABISH**  
PO BOX 717  
PINCONNING MI 48650

6. Amount \$ 20.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 70.00

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

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3. Contribution #4 PAC Receipt?  YES 4. Date of Receipt 03/16/11

Name & Address:  
**WILLIAM REDER**  
77 E MIDLAND RD  
AUBURN MI 48611

6. Amount \$ 25.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

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Page Subtotal \$165.00

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 14074

2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

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

6. Amount

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

3. Contribution #1 PAC Receipt?  YES 4. Date of Receipt 03/10/11

Name & Address:

**BRIAN REDMOND**  
11 BAY SHORE DR  
BAY CITY MI 48606

\$ 50.00

\$ 150.00

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

Occupation RETIRED Employer \_\_\_\_\_

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Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt 03/15/11

Name & Address:

**JAMES REID**  
919 N WATER ST  
BAY CITY MI 48708

\$ 50.00

\$ 95.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #3 PAC Receipt?  YES 4. Date of Receipt 03/15/11

Name & Address:

**MICHELE REILLY**  
1701 HELEN ST  
BAY CITY MI 48708

\$ 20.00

\$ 60.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #4 PAC Receipt?  YES 4. Date of Receipt 03/04/11

Name & Address:

**JOHN/FLORENCE REYNOLDS**  
1099 MACKINAW  
KAWKAWLIN MI 48631

\$ 20.00

\$ 40.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

Page Subtotal \$140.00

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 14074

2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

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

6. Amount

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

3. Contribution # 1 PAC Receipt?  YES 4. Date of Receipt 03/15/11

Name & Address:

JOSEPH RIVET/KRISTEN MCDONALD  
2600 CENTER AVE  
BAY CITY MI 48708

\$ 50.00

\$ \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

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3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt 03/15/11

Name & Address

FORREST ROBISON  
1210 HINE ST  
BAY CITY MI 48708

\$ 20.00

\$ 60.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

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3. Contribution # 3 PAC Receipt?  YES 4. Date of Receipt 03/15/11

Name & Address:

DAVE/DOLORES ROGERS  
4659 DALE CT  
BAY CITY MI 48706

\$ 100.00

\$ 240.00

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

Occupation OWNER Employer CONNUMICATION CONSULTING SERVICE

Business Address 4659 DALE CT BAY CITY MI

Type of Contribution:  Direct  Loan from a person  Fund Raiser

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3. Contribution # 4 PAC Receipt?  YES 4. Date of Receipt 03/15/11

Name & Address

PAUL/PEGGY ROWLEY  
PO BOX 1115  
BAY CITY MI 48707

\$ 50.00

\$ \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

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Page Subtotal \$220.00

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 14074  
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES Name & Address: <u>LOUIS/JACQUELINE RUPFF</u> <u>101 PARKWOOD CT</u> <u>BAY CITY MI 48708</u>	4. Date of Receipt <u>03/15/11</u>	\$ <u>50.00</u>	\$ <u>100.00</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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES Name & Address: <u>MIKE/DEBRA RUSSELL</u> <u>1574 ST MARYS CT</u> <u>ESSEXVILLE MI 48732</u>	4. Date of Receipt <u>03/07/11</u>	\$ <u>30.00</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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES Name & Address: <u>TOM/LAURA RYDER</u> <u>601 N HAMPTON ST</u> <u>BAY CITY MI 48708</u>	4. Date of Receipt <u>03/15/11</u>	\$ <u>60.00</u>	\$ <u>110.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENVIRON AFFAIRS DIRECTOR</u> Employer <u>BAY COUNTY</u> Business Address <u>515 CENTER AVE BAY CITY MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES Name & Address: <u>DON SABOURIN</u> <u>1812 CENTER AVE</u> <u>BAY CITY MI 48708</u>	4. Date of Receipt <u>03/15/11</u>	\$ <u>50.00</u>	\$ <u>70.00</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		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal \$190.00

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 14074

2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

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

6. Amount

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

3. Contribution #1 PAC Receipt?  YES 4. Date of Receipt 03/14/11

Name & Address:

JAMES SCHELL  
1586 ST MARYS CT  
ESSEXVILLE MI 48732

\$ 20.00

\$ \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt 03/15/11

Name & Address

JOSEPH/JOANN SHEERAN  
1206 WILDERNESS CT  
ESSEXVILLE MI 48732

\$ 100.00

\$ 250.00

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

Occupation CIRCUIT COURT JUDGE Employer BAY COUNTY

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Business Address 1228 WASHINGTON AVE BAY CITY MI

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #3 PAC Receipt?  YES 4. Date of Receipt 03/07/11

Name & Address:

DONALD/ANGIE SCHERZER  
5470 4 MILE RD  
BAY CITY MI 48706

\$ 100.00

\$ 190.00

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

Occupation \_\_\_\_\_ Employer SPICER GROUP

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Business Address 230 S WASHINGTON AVE SAGINAW MI

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #4 PAC Receipt?  YES 4. Date of Receipt 03/15/11

Name & Address

BRANDON/KRISTEN SHORT  
1112 N WILLIAMS ST  
BAY CITY MI 48706

\$ 50.00

\$ 90.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

Page Subtotal \$270.00

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 14074  
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: <b>DHANA/PATRICIA SHRESTHA</b> 2133 HERITAGE DR BAY CITY MI 48706	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/09/11</u>	\$ <u>50.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>SELF</u> Business Address <u>3720 KATALIN CT STE 100 BAY CITY MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2 Name & Address: <b>JANE SMITH</b> 265 E HAMPTON ESSEXVILLE MI 48732	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/15/11</u>	\$ <u>20.00</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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #3 Name & Address: <b>LYDIA SOLINSKI</b> 403 E SALZBURG RD BAY CITY MI 48706	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/08/11</u>	\$ <u>20.00</u>	\$ <u>60.00</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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #4 Name & Address: <b>DICK/MARILYN SOMALSKI</b> 1630 N SE BOUTELL RD ESSEXVILLE MI 48732	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/04/11</u>	\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF</u> Employer <u>BAY LANDSCAPING</u> Business Address <u>1630 N SE BOUTELL RD ESSEXVILLE MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal \$140.00

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 14074  
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/13/11</u> Name & Address: <b>JEROME/WANDA SOMALSKI</b> 1147 N PINE ESSEXVILLE MI 48732		\$ <u>50.00</u>	\$ <u>100.00</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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/15/11</u> Name & Address: <b>RICHARD SPENCE</b> 417 MCCOSKRY ST SAGINAW MI 48601		\$ <u>20.00</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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/08/11</u> Name & Address: <b>KEVIN STAPISH</b> 14 W SHARLEAR WSSEXVILLE MI 48732		\$ <u>20.00</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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/03/11</u> Name & Address: <b>MIKE STONER</b> 1480 E MT FOREST RD PINCONNING MI 48650		\$ <u>20.00</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		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal \$110.00

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 14074  
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/09/11</u> Name & Address: <b>ANDREA STUDDERS</b> 215 AMES ST BAY CITY MI 48708		\$ <u>20.00</u>	\$ <u>60.00</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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/09/11</u> Name & Address: <b>THOMAS TARLETON</b> 307 BARBERRY6 AVE PO9RTAGE MI 49002		\$ <u>20.00</u>	\$ <u>40.00</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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/03/11</u> Name & Address: <b>FRED TODD</b> 1214 N HURON TAWAS CITY MI 48763		\$ <u>100.00</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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/15/11</u> Name & Address: <b>MAGEN TRASK</b> 1910 33RD ST BAY CITY MI 48708		\$ <u>40.00</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		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal \$180.00

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 14074  
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/07/11</u> Name & Address: <b>PAUL/LUANN TRAVIS</b> 703 S ARBOR ST BAY CITY MI 48706		\$ <u>40.00</u>	\$ <u>105.00</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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/14/11</u> Name & Address: <b>BOB/JEANNIE TRAXLER</b> 1760 VAN WAGONER DR SAGINAW MI 48638		\$ <u>75.00</u>	\$ <u>175.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/15/11</u> Name & Address: <b>CLIFF VAN DYKE</b> 901 WELLS CT BAY CITY MI 48708		\$ <u>20.00</u>	\$ <u>60.00</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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/02/11</u> Name & Address: <b>LOU VESCIO</b> 592 FOXBORO RD SAGINAW MI 48638		\$ <u>50.00</u>	\$ <u>100.00</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		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal **\$185.00**

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 14074

2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

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

6. Amount

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

3. Contribution #1 PAC Receipt?  YES 4. Date of Receipt 03/12/11  
Name & Address:

TERRY/DIANE WAGAR  
2696 S WESTGATE  
BAY CITY MI 48706

\$ 50.00

\$ 100.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt 03/10/11  
Name & Address:

WILLIAM WEBBER - BARB FRIEDEN  
683 W LINWOOD BCH RD  
LINWOOD MI 48634

\$ 100.00

\$ 200.00

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

Occupation OWNER Employer SERGEANT SAND CO

[Click Here for Memo Itemization](#)

Business Address 2840 BAY RD SAGINAW MI

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #3 PAC Receipt?  YES 4. Date of Receipt 03/02/11  
Name & Address:

WALTER WEINLANDER  
2212 MCKINLEY AVE  
BAY CITY MI 48708

\$ 50.00

\$ \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #4 PAC Receipt?  YES 4. Date of Receipt 03/11/11  
Name & Address:

CHARLES/MARILYN WESTPHAL  
1042 HAMPTON RD  
ESSEXVILLE MI 48732

\$ 50.00

\$ \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

Page Subtotal \$250.00

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 14074  
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/28/11</u> Name & Address: <b>HOWARD/JULIE WETTERS</b> 1866 WETTERS RD KAWKAWLIN MI 48631		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>MSU EXTENSION BAY COUNTY</u> Business Address <u>515 CENTER AVE BAY CITY MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/07/11</u> Name & Address: <b>DOUG WIRT</b> 226 ATHLONE BCH BAY CITY MI 48706		\$ <u>100.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT</u> Employer <u>WIRT STONE PRODUCTS</u> Business Address <u>400 MARTIN ST BAY CITY MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/08/11</u> Name & Address: <b>STEVE/DENA WIRT</b> 196 ATHLONE BCH BAY CITY MI 48706		\$ <u>350.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>WIRT FINANCIAL SERVICES</u> Business Address <u>900 WASHINGTON AVE BAY CITY MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/15/11</u> Name & Address: <b>ERIC/BEVERLY ZIMOSTRAD</b> 1105 MAPLE ESSEXVILLE MI 48732		\$ <u>40.00</u>	\$ <u>80.00</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		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal **\$590.00**

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 14074

2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/16/11</u> Name & Address: <b>JOHN E MILLER</b> <b>309 N BARCLAY ST</b> <b>BAY CITY MI 48706</b>		\$ <u>20.00</u>	\$ <u>20.00</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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>04/19/11</u> Name & Address: <b>JOHNKAREN WEST</b> <b>3314 DEARBORN ST</b> <b>FLINT MI 48507</b>		\$ <u>50.00</u>	\$ <u>50.00</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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____ Name & Address: _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____ Name & Address: _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal **\$70.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule) **\$6,385.00**

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED IN-KIND CONTRIBUTIONS**

**SCHEDULE 1-IK**

1. Committee I. D. Number 14074

**CANDIDATE COMMITTEE**

2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

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 & Address: <b>TOM HICKNER</b> <b>4821 E WESTGATE</b> <b>BAY CITY MI 48706</b>  If over \$100.00 cumulative, please provide: Occupation: <b>BAY COUNTY EXECUTIVE</b> Employer Name & Business Address: <b>BAY COUNTY</b> <b>515 CENTER AVE</b> <b>BAY CITY MI 48708</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>LUNCHEON</u>  5. Date Of Receipt: <u>01/13/11</u> 6. Vendor Name & Address: <b>LEADERSHIP BAY COUNTY</b> <b>901 SAGINAW ST</b> <b>BAY CITY MI 48708</b>  Click Here for Memo Itemization	\$ <u>124.23</u> \$ <u>124.23</u>	
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>SAME</b>  If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others    \$ <u>300.00</u> <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>JEFF JACK FUND RAISER</u>  5. Date Of Receipt: <u>04/16/11</u> 6. Vendor Name & Address: <b>MICH DEMOCRATIC PARTY</b> <b>606 TOWNSEND</b> <b>LANSING MI 48933</b>  Click Here for Memo Itemization	\$ <u>300.00</u> \$ <u>300.00</u>	
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>SAME</b>  If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated    \$ <u>192.14</u> <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>LODGING FOR JEFF JACK</u>  5. Date Of Receipt: <u>04/16/11</u> 6. Vendor Name & Address: <b>HILTON GARDEN INN</b> <b>351 GRATIOT AVE</b> <b>DETROIT MI 48226</b>  Click Here for Memo Itemization	\$ <u>192.14</u> \$ <u>192.14</u>	

Page Subtotal **\$616.37**

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

Enter this total  
on line 6 of Summary  
Page



**ITEMIZED IN-KIND CONTRIBUTIONS**

**SCHEDULE 1-IK**

1. Committee I. D. Number 14074

**CANDIDATE COMMITTEE**

2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

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 <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box)	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 & Address: <b>SAME</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>CAB SERVICE</u>  5. Date Of Receipt: <u>04/16/11</u>  6. Vendor Name & Address: <b>DETROIT TAXICAB SERVICE</b> <b>DETROIT MI 48226</b>	\$ <u>10.00</u> \$ <u>10.00</u>	
<input type="checkbox"/> Fund Raiser Contribution  Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>SAME</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>MILEAGE</u>  5. Date Of Receipt: <u>04/16/11</u>  6. Vendor Name & Address: <b>TOM HICKNER</b>	\$ <u>120.64</u> \$ <u>120.64</u>	
<input type="checkbox"/> Fund Raiser Contribution  Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>SAME</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>FUND RAISER</u>  5. Date Of Receipt: <u>04/09/11</u>  6. Vendor Name & Address: <b>MAYORS SCHOLARSHIP FUND</b> <b>PO BOX 895</b> <b>PINCONNING MI 48650</b>	\$ <u>35.00</u> \$ <u>105.00</u>	

Page Subtotal **\$165.64**

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

Enter this total  
on line 6 of Summary  
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**ITEMIZED IN-KIND CONTRIBUTIONS**

**SCHEDULE 1-IK**

1. Committee I. D. Number 14074

**CANDIDATE COMMITTEE**

2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

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 <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box)	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 & Address: <b>SAME</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Business Address:  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>REFRESHMENTS</u>  5. Date Of Receipt: <u>04/18/11</u>  6. Vendor Name & Address: <b>ROADHOUSE PUB</b> <b>122 N HARRISON</b> <b>EAST LANSING MI</b>  Click Here for Memo Itemization	\$ <u>22.50</u>	\$ <u>22.50</u>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>SAME</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Address:  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>OFFICE SUPPLIES</u>  5. Date Of Receipt: <u>04/08/11</u>  6. Vendor Name & Address: <b>STAPLES</b> <b>4021 N EUCLID</b> <b>BAY CITY MI 48706</b>  Click Here for Memo Itemization	\$ <u>11.96</u>	\$ <u>11.96</u>
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>SAME</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Address:  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>FUND RAISER</u>  5. Date Of Receipt: <u>04/28/11</u>  6. Vendor Name & Address: <b>BAY MEDICAL FOUNDATION</b> <b>1900 COLUMBUS AVE</b> <b>BAY CITY MI 48708</b>  Click Here for Memo Itemization	\$ <u>60.00</u>	\$ <u>145.00</u>

Page Subtotal **\$94.46**

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

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on line 6 of Summary  
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**ITEMIZED IN-KIND CONTRIBUTIONS**

**SCHEDULE 1-IK**

1. Committee I. D. Number 14074

**CANDIDATE COMMITTEE**

2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

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 & Address: <b>SAME</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>FUND RAISER</u>  5. Date Of Receipt: <u>04/08/11</u>  6. Vendor Name & Address: <b>RIFET FOR DRAIN COMMISSIONER</b> <b>4542 MOCASA CT</b> <b>BAY CITY MI 48706</b>	\$ <u>50.00</u>	\$ <u>50.00</u>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>SAME</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>FUND RAISER</u>  5. Date Of Receipt: <u>03/23/11</u>  6. Vendor Name & Address: <b>BAY AREA CHAMBER OF COMMERCE</b> <b>901 SAGINAW ST</b> <b>BAY CITY MI 48708</b>	\$ <u>48.00</u>	\$ <u>95.00</u>
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>SAME</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>FUND RAISER</u>  5. Date Of Receipt: <u>03/04/11</u>  6. Vendor Name & Address: <b>ST MARYS</b> <b>2483 MIDLAND RD</b> <b>BAY CITY MI 48706</b>	\$ <u>50.00</u>	\$ <u>50.00</u>

Page Subtotal **\$148.00**

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

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on line 6 of Summary  
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**ITEMIZED IN-KIND CONTRIBUTIONS**

**SCHEDULE 1-IK**

1. Committee I. D. Number 14074

**CANDIDATE COMMITTEE**

2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

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 <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box)	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 Name & Address: <b>SAME</b>  PAC Receipt? <input type="checkbox"/> Yes  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>FUND RAISER</u>  5. Date Of Receipt: <u>02/25/11</u> 6. Vendor Name & Address: <b>NATHAN WEIDNER FOUNDATION</b> <b>715 N EUCLID AVE</b> <b>BAY CITY MI 48706</b>	\$ <u>45.00</u>	\$ <u>45.00</u>
Contribution # 2 Name & Address: <b>SAME</b>  PAC Receipt? <input type="checkbox"/> Yes  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>FOOD MAYES MEETING</u>  5. Date Of Receipt: <u>01/17/11</u> 6. Vendor Name & Address: <b>G'S PIZZERIA &amp; DELI</b> <b>1005 SAGINAW ST</b> <b>BAY CITY MI 48708</b>	\$ <u>29.01</u>	\$ <u>29.01</u>
Contribution #3 Name & Address: <b>SAME</b>  PAC Receipt? <input type="checkbox"/> Yes  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>STAMPS</u>  5. Date Of Receipt: <u>01/21/11 &amp; 8/31/11</u> 6. Vendor Name & Address: <b>POSTMASTER</b> <b>1000 WASHINGTON AVE</b> <b>BAY CITY MI 48707</b>	\$ <u>26.40</u>	\$ <u>144.20</u>

Page Subtotal **\$100.41**

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

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on line 6 of Summary  
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**ITEMIZED IN-KIND CONTRIBUTIONS**

**SCHEDULE 1-IK**

1. Committee I. D. Number 14074

**CANDIDATE COMMITTEE**

2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

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 <u>all</u> 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 & Address: <b>SAME</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Business Address:  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>FUND RAISER</u>  5. Date Of Receipt: <u>09/10/11</u>  6. Vendor Name & Address: <b>ST GEORGE SOCIETY</b> <b>1401 S GRANT</b> <b>BAY CITY MI 48708</b> Click Here for Memo Itemization	\$ <u>100.00</u>	\$ <u>115.00</u>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>SAME</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Address:  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>FUND RAISER</u>  5. Date Of Receipt: <u>08/15/11</u>  6. Vendor Name & Address: <b>MICHIGAN HORSEMEN SOCIETY</b> <b>PO BOX 462</b> <b>MACKINAC ISLAND MI 49757</b> Click Here for Memo Itemization	\$ <u>40.00</u>	\$ <u>40.00</u>
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>SAME</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Address:  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>RECEPTION</u>  5. Date Of Receipt: <u>08/08/11</u>  6. Vendor Name & Address: <b>STABENOW FOR US SENATE</b> <b>PO BOX 4945</b> <b>EAST LANSING MI 48826</b> Click Here for Memo Itemization	\$ <u>250.00</u>	\$ <u>250.00</u>

Page Subtotal **\$390.00**

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

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**ITEMIZED IN-KIND CONTRIBUTIONS**

**SCHEDULE 1-IK**

1. Committee I. D. Number 14074

**CANDIDATE COMMITTEE**

2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

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 & Address: <b>SAME</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Business Address:  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>FUND RAISER</u>  5. Date Of Receipt: <u>06/29/11</u>  6. Vendor Name & Address: <b>BRUNNER FOR STATE REP</b> <b>408 MURPHY ST</b> <b>BAY CITY MI 48706</b>	\$ <u>50.00</u> \$ <u>50.00</u>	Click Here for Memo Itemization
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>SAME</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Address:  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>FUND RAISER</u>  5. Date Of Receipt: <u>06/30/11</u>  6. Vendor Name & Address: <b>ROTARY CLUB OF BAY CITY</b> <b>PO BOX 42</b> <b>BAY CITY MI 48707</b>	\$ <u>57.50</u> \$ <u>197.50</u>	Click Here for Memo Itemization
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>SAME</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Address:  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>FUND RAISER</u>  5. Date Of Receipt: <u>06/18/11</u>  6. Vendor Name & Address: <b>MACKINAC FOUNDATION</b> <b>PO BOX 567</b> <b>MACKINAW CITY MI 49701</b>	\$ <u>140.00</u> \$ <u>140.00</u>	Click Here for Memo Itemization

Page Subtotal **\$247.50**

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

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**ITEMIZED IN-KIND CONTRIBUTIONS**

**SCHEDULE 1-IK**

1. Committee I. D. Number 14074

**CANDIDATE COMMITTEE**

2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

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 & Address: <b>SAME</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Business Address:  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>ANNUAL BANQUET</u>  5. Date Of Receipt: <u>05/15/11</u>  6. Vendor Name & Address: <b>BAY COUNTY NAACP</b> <b>PO BOX 335</b> <b>BAY CITY MI 48707</b>  Click Here for Memo Itemization	\$ <u>50.00</u>	\$ <u>130.00</u>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>SAME</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Address:  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>FUND RAISER</u>  5. Date Of Receipt: <u>08/29/11</u>  6. Vendor Name & Address: <b>MACKINAC ISLAND MEDICAL CENTER</b> <b>7474 MARKET ST</b> <b>MACKINAC ISLAND MI 49757</b>  Click Here for Memo Itemization	\$ <u>30.00</u>	\$ <u>30.00</u>
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>SAME</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Address:  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>REFRESHMENTS</u>  5. Date Of Receipt: <u>05/10/11</u>  6. Vendor Name & Address: <b>OLD CITY HALL</b> <b>814 SAGINAW ST</b> <b>BAY CITY MI 48708</b>  Click Here for Memo Itemization	\$ <u>28.80</u>	\$ <u>1256.91</u>

Page Subtotal **\$108.80**

Grand Total of all Schedules 1-IK  
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on line 6 of Summary  
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**ITEMIZED IN-KIND CONTRIBUTIONS**  
**SCHEDULE 1-IK**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number 14074  
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

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 <u>all</u> 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 & Address: <b>SAME</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Business Address:  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>REFRESHMENTS EPA OFFICIALS</u>  5. Date Of Receipt: <u>07/14/11</u>  6. Vendor Name & Address: <b>GIBSONS STEAKHOUSE</b> <b>1028 NORTH RUSH</b> <b>CHICAGO IL 60611</b>  Click Here for Memo Itemization	\$ <u>40.00</u>	\$ <u>40.00</u>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>SAME</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Address:  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>DINNER REFRESHMENTS MMRMA CONFERENCE</u>  5. Date Of Receipt: <u>08/22/11</u>  6. Vendor Name & Address: <b>HARRINGTONS BY THE BAY</b> <b>13890 SW BAY SHORE DR</b> <b>TRAVERSE CITY MI 49684</b>  Click Here for Memo Itemization	\$ <u>122.71</u>	\$ <u>122.71</u>
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>SAME</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Address:  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>FERRY TO ISLAND CHAMBER CONFERENCE</u>  5. Date Of Receipt: <u>06/01/11</u>  6. Vendor Name & Address: <b>STARLINE</b> <b>711 S HURON</b> <b>MACKINAW CITY MI 49701</b>  Click Here for Memo Itemization	\$ <u>22.00</u>	\$ <u>22.00</u>

Page Subtotal **\$184.71**

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

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on line 6 of Summary  
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**ITEMIZED IN-KIND CONTRIBUTIONS**

**SCHEDULE 1-IK**

1. Committee I. D. Number 14074

**CANDIDATE COMMITTEE**

2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

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 <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box)	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 & Address: <b>SAME</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>TRANSPORTATION CHAMBER CONFERENCE</u>  5. Date Of Receipt: <u>06/02/11</u> 6. <b>Vendor Name &amp; Address:</b> <b>MACKINAC ISLAND TAXI SERVICE</b> <b>MACKINAC ISLAND MI 49757</b>	\$ <u>25.00</u>	\$ <u>35.00</u>
<input type="checkbox"/> Fund Raiser Contribution			
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>SAME</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>DINNER REFRESHMENTS CHAMBER CONF</u>  5. Date Of Receipt: <u>06/02/11</u> 6. <b>Vendor Name &amp; Address:</b> <b>GRAND HOTEL</b> <b>PO BOX 286</b> <b>MACKINAC ISLAND MI 49757</b>	\$ <u>35.00</u>	\$ <u>120.00</u>
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>SAME</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>REFRESHMENTS YOUNG DEMS</u>  5. Date Of Receipt: <u>04/20/11</u> 6. <b>Vendor Name &amp; Address:</b> <b>OLD CITY HALL</b> <b>814 SAGINAW ST</b> <b>BAY CITY MI 48708</b>	\$ <u>63.57</u>	\$ <u>1320.48</u>
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal **\$123.57**

Grand Total of all Schedules 1-IK  
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**ITEMIZED IN-KIND CONTRIBUTIONS**  
**SCHEDULE 1-IK**

1. Committee I. D. Number 14074

**CANDIDATE COMMITTEE**

2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

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 <u>all</u> 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 & Address: <b>SAME</b>  <b>If over \$100.00 cumulative, please provide:</b> Occupation: RECEPTIONIST COUNTY EXECUTIVE Employer Name & Business Address: <b>BAY COUNTY</b> <b>515 CENTER AVE</b> <b>BAY CITY MI 48708</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>STAMPS</u>  5. Date Of Receipt: <u>11/10/11</u> 6. <b>Vendor Name &amp; Address:</b> <b>POSTMASTER</b> <b>1000 WASHINGTON</b> <b>BAY CITY MI 48707</b>  Click Here for Memo Itemization	\$ <u>61.60</u> \$ <u>251.24</u>	
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>TOM HICKNER</b> <b>4821 E WESTGATE</b> <b>BAY CITY MI 48706</b>  <b>If over \$100.00 cumulative, please provide:</b> Occupation: Employer Name & Address:  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others    \$ <u>50.00</u> <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>RECEPTION</u>  5. Date Of Receipt: <u>09/19/11</u> 6. <b>Vendor Name &amp; Address:</b> <b>MAC PAC</b> <b>935 N WASHINGTON AVE</b> <b>LANSING MI 48906</b>  Click Here for Memo Itemization	\$ <u>50.00</u> \$ <u>50.00</u>	
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address:   <b>If over \$100.00 cumulative, please provide:</b> Occupation: Employer Name & Address:  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input 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- <b>LOAN</b> Description _____  5. Date Of Receipt: _____ 6. <b>Vendor Name &amp; Address:</b>   Click Here for Memo Itemization	\$ _____      \$ _____	

Page Subtotal **\$111.60**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule) **\$2,604.30**

Enter this total  
on line 6 of Summary  
Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 14074  
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>TOM HICKNER</b>  Address <b>4821 E WESTGATE BAY CITY MI 48706</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>RE-IMBURSEMENT</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/13/11</u> Date	<u>\$ 124.23</u>
Expenditure #2 Name <b>LEADERSHIP BAY COUNTY</b>  Address <b>901 SAGINAW BAY CITY MI 48708</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>LUNCHEON</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/13/11</u> Date	<u>\$ (124.23)</u>
Expenditure #3 Name <b>BAY CITY DEMOCRAT PRESS</b>  Address <b>PO BOX 278 BAY CITY MI 48707</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>1/3 PRINT COST (EVE WITH THE IRISH)</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/01/11</u> Date	<u>\$ 27.91</u>
Expenditure #4 Name <b>STAPLES</b>  Address <b>4021 N EUCLID BAY CITY MI 48708</b>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>TONER / LABELS</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/15/11</u> Date	<u>\$ 66.76</u>
Expenditure #5 Name <b>POSTMASTER</b>  Address <b>1000 WASHINGTON AVE BAY CITY MI 48707</b>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>STAMPS</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/02/11</u> Date	<u>\$ 88.00</u>

Subtotal this page **\$306.90**

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 14074  
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>BAY CITY DEMOCRAT PRESS</b> Address PO BOX 278 BAY CITY MI 48707 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/10/11</u> Date	<u>\$ 170.76</u>
Expenditure #2 Name <b>MAIL ROOM</b> Address 3075 SHATTUCK SAGINAW MI 48603 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>MAILING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/10/11</u> Date	<u>\$ 395.01</u>
Expenditure #3 Name <b>STEIN HAUS</b> Address 1108 N WATER ST BAY CITY MI 48708 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUND RAISER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/15/11</u> Date	<u>\$ 1307.18</u>
Expenditure #4 Name <b>MARIE HAYES</b> Address 114 N SHERIDAN BAY CITY MI 48708 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>RE-IMBURSEMENT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/02/11</u> Date	<u>\$ 47.55</u>
Expenditure #5 Name <b>POSTMASTER</b> Address 1000 WASHINGTON AVE BAY CITY MI 48707 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>RETURN POSTAGE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/02/11</u> Date	<u>\$ (47.55)</u>

Subtotal this page **\$1,920.50**

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

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on line 8a of  
Summary Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 14074  
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>TOM HICKNER</b>  Address <b>4821 E WESTGATE BAY CITY MI 48706</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>RE-IMBURSEMENT</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/08/11</u> Date	<u>\$ 983.05</u>  Memo Itemization Below
Expenditure #2 Name <b>MICH DEMOCRATIC PARTY</b>  Address <b>606 TOWNSEND LANSING MI 48933</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>JEFF JACK FUND RAISER</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/16/11</u> Date	<u>\$ (300.00)</u>  Click Here for Memo Itemization Type
Expenditure #3 Name <b>HILTON GARDEN INN</b>  Address <b>351 GRATIOT AVE DETROIT MI 48226</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>LODGING FOR JEFF JACK</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/16/11</u> Date	<u>\$ (192.14)</u>  Click Here for Memo Itemization Type
Expenditure #4 Name <b>DETROIT TAXICAB SERVICE</b>  Address <b>DETROIT MI 48226</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>CAB TO COBO HALL</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/16/11</u> Date	<u>\$ (10.00)</u>  Click Here for Memo Itemization Type
Expenditure #5 Name <b>TOM HICKNER</b>  Address <b>4821 E WESTGATE BAY CITY MI 48708</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>MILEAGE</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/16/11</u> Date	<u>\$ (120.64)</u>  Click Here for Memo Itemization Type

Subtotal this page **\$983.05**  
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 14074  
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>MAYORS SCHOLARSHIP FUND</b>  Address <b>PO BOX 895 PINCONNING MI 48650</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>AD IN BOOKLET</u>  (Memo Itemization)  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/09/11</u> Date	\$ <u>(35.00)</u>
Expenditure #2 Name <b>ROADHOUSE PUB</b>  Address <b>122 N HARRISON EAST LANSING MI</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>REFRESHMENTS</u>  (Memo Itemization)  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/18/11</u> Date	\$ <u>(22.50)</u>
Expenditure #3 Name <b>STAPLES</b>  Address <b>4021 N EUCLID BAY CITY MI 48706</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>OFFICE SUPPLIES</u>  (Memo Itemization)  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/08/11</u> Date	\$ <u>(11.96)</u>
Expenditure #4 Name <b>BAY MEDICAL FOUNDATION</b>  Address <b>1900 COLUMBUS AVE BAY CITY MI 48708</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>FUND RAISER</u>  (Memo Itemization)  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/28/11</u> Date	\$ <u>(60.00)</u>
Expenditure #5 Name <b>RIVET FOR DRAIN COMMISSIONER</b>  Address <b>4542 MOCASA CT BAY CITY MI 48706</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>FUND RAISER</u>  (Memo Itemization)  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/08/11</u> Date	\$ <u>(50.00)</u>

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 14074  
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>BAY AREA CHAMBER OF COMMERCE</b> Address <b>901 SAGINAW ST BAY CITY MI 48708</b> <input type="checkbox"/> Fund Raiser	Purpose: <u>FUND RAISER</u> (Memo Itemization) <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/23/11</u> Date	<u>\$ (48.00)</u>
Expenditure #2 Name <b>ST MARYS</b> Address <b>2483 MIDLAND RD BAY CITY MI 48706</b> <input type="checkbox"/> Fund Raiser	Purpose: <u>FUND RAISER</u> (Memo Itemization) <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/04/11</u> Date	<u>\$ (50.00)</u>
Expenditure #3 Name <b>NATHAN WEIDNER FOUNDATION</b> Address <b>715 N EUCLID AVE BAY CITY MI 48706</b> <input type="checkbox"/> Fund Raiser	Purpose: <u>FUND RAISER</u> (Memo Itemization) <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/25/11</u> Date	<u>\$ (45.00)</u>
Expenditure #4 Name <b>G'S PIZZERIA &amp; DELI</b> Address <b>1005 SAGINAW ST BAY CITY MI 48708</b> <input type="checkbox"/> Fund Raiser	Purpose: <u>MAYES MTC</u> (Memo Itemization) <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/17/11</u> Date	<u>\$ (29.01)</u>
Expenditure #5 Name <b>POSTMASTER</b> Address <b>1000 WASHINGTON AVE BAY CITY MI 48707</b> <input type="checkbox"/> Fund Raiser	Purpose: <u>STAMPS</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/21/11</u> Date	<u>\$ (8.80)</u>

Subtotal this page **\$0.00**

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **\$3210.45**

Enter this total  
on line 8a of  
Summary Page



**INCIDENTAL OFFICE EXPENSE  
DISBURSEMENTS  
SCHEDULE 1C  
CANDIDATE COMMITTEE**  
(For use by officeholders only)

1. Committee I. D. Number 14074  
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: <b>FRIENDS OF CELTIC CULTURE</b> <b>114 N SHERIDAN ST</b> <b>BAY CITY MI 48708</b>	Purpose <b>AD</b>	<b>01/12/11</b> Date	<b>\$200.00</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>KO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 2 Name & Address: <b>ST PATS PARADE BOOKLET</b> <b>1316 BROADWAY</b> <b>BAY CITY MI 48708</b>	Purpose <b>AD</b>	<b>03/29/11</b> Date	<b>\$15.00</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>KO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 3 Name & Address: <b>CRISTEN LIPINSKI</b> <b>711 MCDONELL ST</b> <b>ESSEXVILLE MI 48732</b>	Purpose <b>RE-IMBURSEMENT</b>	<b>05/24/11</b> Date	<b>\$189.64</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>AO</u> <input type="checkbox"/> Fund Raiser	Memo Itemization Below	
Disbursement # 4 Name & Address: <b>POSTMASTER</b> <b>1000 WASHINGTON AVE</b> <b>BAY CITY MI 48707</b>	Purpose <b>STAMPS</b>	<b>05/24/11</b> Date	<b>\$(189.64)</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>AO</u> <input type="checkbox"/> Fund Raiser	(Memo Itemization)	
Subtotal this page			<b>\$404.64</b>
Grand Total of all Schedules 1C (Complete on last page of Schedule)			

Enter this total on line 10a of Summary Page

\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES  
Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



**INCIDENTAL OFFICE EXPENSE  
DISBURSEMENTS  
SCHEDULE 1C  
CANDIDATE COMMITTEE**  
(For use by officeholders only)

1. Committee I. D. Number 14074  
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code* )	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: <b>BAY CITY DEMOCRAT PRESS</b> <b>PO BOX 278</b> <b>BAY CITY MI 48707</b>	Purpose <b>PRINTING</b>	<b>06/01/11</b> Date	<b>\$292.03</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>AO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 2 Name & Address: <b>LADIES ANCIENT ORDER OF HIBERNIANS</b> <b>1316 BROADWAY AVE</b> <b>BAY CITY MI 48708</b>	Purpose <b>DONATION</b>	<b>08/10/11</b> Date	<b>\$25.00</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>GO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 3 Name & Address: <b>POSTMASTER</b> <b>1000 WASHINGTON AVE</b> <b>BAY CITY MI 48707</b>	Purpose <b>BOX RENT</b>	<b>08/10/11</b> Date	<b>\$46.00</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>AO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 4 Name & Address: <b>JOSEPH RIVET</b> <b>4542 MOCASA CT</b> <b>BAY CITY MI 48706</b>	Purpose <b>BANNER</b>	<b>08/10/11</b> Date	<b>\$45.00</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>KO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Subtotal this page			<b>\$408.03</b>
Grand Total of all Schedules 1C (Complete on last page of Schedule)			

Enter this total on line 10a of Summary Page

\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES  
Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



**INCIDENTAL OFFICE EXPENSE  
DISBURSEMENTS  
SCHEDULE 1C  
CANDIDATE COMMITTEE**  
(For use by officeholders only)

1. Committee I. D. Number 14074  
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code* )	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: <b>BCEA</b> <b>509 S EUCLID AVE</b> <b>BAY CITY MI 48706</b>	Purpose <b>HOLE SPONSOR GOLF OUTING</b>	<b>09/16/11</b> Date	<b>\$50.00</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>KO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 2 Name & Address: <b>TOM HICKNER</b> <b>4821 E WESTGATE</b> <b>BAY CITY MI 48706</b>	Purpose <b>RE-IMBURSEMENT</b>	<b>09/23/11</b> Date	<b>\$1198.23</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> Fund Raiser	Memo Itemization Below	
Disbursement # 3 Name & Address: <b>ST GEORGE SOCIETY</b> <b>1401 S GRANT</b> <b>BAY CITY MI 48707</b>	Purpose <b>FUND RAISER</b>	<b>09/10/11</b> Date	<b>\$(100.00)</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>GO</u> <input type="checkbox"/> Fund Raiser	(Memo Itemization)	
Disbursement # 4 Name & Address: <b>MICHIGAN HORSEMEN SOCIETY</b> <b>PO BOX 462</b> <b>MACKINAC ISLAND MI 49757</b>	Purpose <b>FUND RAISER</b>	<b>08/15/11</b> Date	<b>\$(40.00)</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>GO</u> <input type="checkbox"/> Fund Raiser	(Memo Itemization)	

Subtotal this page **\$1,248.23**  
Grand Total of all Schedules 1C  
(Complete on last page of Schedule)

Enter this total  
on line 10a of  
Summary Page

\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES  
Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



**INCIDENTAL OFFICE EXPENSE  
DISBURSEMENTS  
SCHEDULE 1C  
CANDIDATE COMMITTEE**  
(For use by officeholders only)

1. Committee I. D. Number 14074

2. Committee Name Tom Hickner for County EXECUTIVE

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: <b>STABENOW FOR US SENATE</b> <b>PO BOX 4945</b> <b>EAST LANSING MI 48826</b>	Purpose <u>RECEPTION</u>	<u>08/08/11</u> Date (Memo Itemization)	<u>\$(250.00)</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>DO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 2 Name & Address: <b>CHARLIE BRUNNER FOR STATE REP</b> <b>408 MURPHY ST</b> <b>BAY CITY MI 48706</b>	Purpose <u>FUND RAISER</u>	<u>06/29/11</u> Date (Memo Itemization)	<u>\$(50.00)</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>IO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 3 Name & Address: <b>ROTARY CLUB OF BAY CITY</b> <b>PO BOX 42</b> <b>BAY CITY MI 48707</b>	Purpose <u>FUND RAISER</u>	<u>06/30/11</u> Date (Memo Itemization)	<u>\$(57.50)</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>DO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 4 Name & Address: <b>MACKINAC FOUNDATION</b> <b>PO BOX 567</b> <b>MACKINAW CITY MI 49701</b>	Purpose <u>FUND RAISER</u>	<u>06/18/11</u> Date (Memo Itemization)	<u>\$(140.00)</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>DO</u> <input type="checkbox"/> Fund Raiser		
Subtotal this page			<b>\$0.00</b>
Grand Total of all Schedules 1C (Complete on last page of Schedule)			

Enter this total on line 10a of Summary Page

\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



**INCIDENTAL OFFICE EXPENSE  
DISBURSEMENTS  
SCHEDULE 1C  
CANDIDATE COMMITTEE**  
(For use by officeholders only)

1. Committee I. D. Number 14074

2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: <b>BAY COUNTY NAACP</b> <b>PO BOX 335</b> <b>BAY CITY MI 48707</b>  <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>ANNUAL BANQUET</u>  Disbursement Code <u>GO</u> <input type="checkbox"/> Fund Raiser	<u>05/15/11</u> Date (Memo Itemization)	<u>\$(50.00)</u>
Disbursement # 2 Name & Address: <b>MACKIAC ISLAND MEDICAL CENTER</b> <b>7474 Market Street</b> <b>Mackinac Island, MI 49757</b>  <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>FUND RAISER</u>  Disbursement Code <u>DO</u> <input type="checkbox"/> Fund Raiser	<u>08/29/11</u> Date (Memo Itemization)	<u>\$(30.00)</u>
Disbursement # 3 Name & Address: <b>OLD CITY HALL</b> <b>814 SAGINAW ST</b> <b>BAY CITY MI 48708</b>  <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>REFRESHMENTS</u>  Disbursement Code <u>FO</u> <input type="checkbox"/> Fund Raiser	<u>05/10/11</u> Date (Memo Itemization)	<u>\$(28.80)</u>
Disbursement # 4 Name & Address: <b>GIBSONS STEAKHOUSE</b> <b>1028 NORTH RUSH</b> <b>CHICAGO IL 60611</b>  <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>REFRESHMENTS EPA OFFICIALS</u>  Disbursement Code <u>FO</u> <input type="checkbox"/> Fund Raiser	<u>07/14/11</u> Date (Memo Itemization)	<u>\$(40.00)</u>
Subtotal this page Grand Total of all Schedules 1C (Complete on last page of Schedule)			<u>\$0.00</u>

Enter this total on line 10a of Summary Page

\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



**INCIDENTAL OFFICE EXPENSE  
DISBURSEMENTS  
SCHEDULE 1C  
CANDIDATE COMMITTEE**  
(For use by officeholders only)

1. Committee I. D. Number 14074  
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: <b>HARRINGTONS BY THE BAY</b> <b>13890 SW BAY SHORE DR</b> <b>TRAVERSE CITY MI 49684</b>	Purpose <b>DINNER/REFRESHMENT MMRMA CONF</b>	<b>08/22/11</b> Date	<b>\$(122.71)</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement			
Disbursement Code <u>FO</u>		<input type="checkbox"/> Fund Raiser	
Disbursement # 2 Name & Address: <b>STARLINE</b> <b>711 S HURON</b> <b>MACKINAW CITY MI 49701</b>	Purpose <b>FERRY TO ISLAND</b>	<b>06/01/11</b> Date	<b>\$(22.00)</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement			
Disbursement Code <u>DO</u>		<input type="checkbox"/> Fund Raiser	
Disbursement # 3 Name & Address: <b>MACKINAC ISLAND TAXI SERVICE</b> <b>MACKINAC ISLAND MI 49757</b>	Purpose <b>TRANSPORTATION</b>	<b>06/02/11</b> Date	<b>\$(25.00)</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement			
Disbursement Code <u>DO</u>		<input type="checkbox"/> Fund Raiser	
Disbursement # 4 Name & Address: <b>GRAND HOTEL</b> <b>PO BOX 286</b> <b>MACKINAC ISLAND MI 49757</b>	Purpose <b>DINNER/REFRESHMENTS CHAMBER CONF</b>	<b>06/02/11</b> Date	<b>\$(35.00)</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement			
Disbursement Code _____		<input type="checkbox"/> Fund Raiser	

Subtotal this page **\$0.00**

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

Enter this total  
on line 10a of  
Summary Page

**\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES**  
**Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY**



**INCIDENTAL OFFICE EXPENSE  
DISBURSEMENTS  
SCHEDULE 1C  
CANDIDATE COMMITTEE**  
(For use by officeholders only)

1. Committee I. D. Number 14074

2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code* )	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: <b>THE VALLEY FARMER</b> <b>905 S HENRY</b> <b>BAY CITY MI 48706</b>	Purpose <b>PRINTING</b>	<b>11/10/11</b> Date	<b>\$160.00</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>KO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 2 Name & Address: <b>CRISTEN LIPINSKI</b> <b>711 MCDONELL ST</b> <b>ESSEXVILLE MI 48732</b>	Purpose <b>RE-IMBURSEMENT</b>	<b>11/10/11</b> Date	<b>\$61.60</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> Fund Raiser	Memo Itemization Below	
Disbursement # 3 Name & Address: <b>POSTMASTER</b> <b>1000 WASHINGTON</b> <b>BAY CITY MI 48707</b>	Purpose <b>STAMPS</b>	<b>11/10/11</b> Date	<b>\$(61.60)</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>AO</u> <input type="checkbox"/> Fund Raiser	(Memo Itemization)	
Disbursement # 4 Name & Address: <b>VICKI ROUPE FOR REGISTER OF DEEDS</b> <b>3115 KIRKWOOD PL</b> <b>BAY CITY MI 48706</b>	Purpose <b>FUND RAISER</b>	<b>12/13/11</b> Date	<b>\$12.00</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>GO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Subtotal this page			<b>\$233.60</b>
Grand Total of all Schedules 1C (Complete on last page of Schedule)			<b>\$2,294.50</b>

Enter this total on line 10a of Summary Page

\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074  
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held  <u>03/15/11</u>	4. Number of Individuals Attending or Participating (whichever is greater)  <u>70</u>	5. Type of Fund Raising Activity  <u>COCKTAIL PARTY</u>	6. Address and Name (if any) of the place where the activity was held.  <u>STEIN HAUS 1020 N WATER ST BAY CITY MI 48708</u> <input type="checkbox"/> Private Residence
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7. Total Contributions \$6,335.00

8. Other Receipts \$0.00

9. Gross Receipts (Add lines 7 and 8) \$6,335.00

10. Total Cost of Event \$2,075.26  
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11.  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.



1. Committee I.D. Number 14074

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>6,385.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$6,385.00</u>	(18.) \$ <u>\$18,545.00</u>
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>	(4.) \$ <u>\$0.00</u>	(19.) \$ <u>\$350.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>\$6,385.00</u>	(20.) \$ <u>\$18,895.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>	(6.) \$ <u>\$2,604.30</u>	(21.) \$ <u>\$7,683.97</u>
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$3,210.45</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>\$0.00</u>	
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$ <u>\$3,210.45</u>	(23.) \$ <u>\$10,150.54</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>\$2,294.50</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>\$0.00</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>\$2,294.50</u>	(24.) \$ <u>\$7,365.03</u>
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>\$0.00</u>	
<b>BALANCE STATEMENT</b>		
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$3,938.39</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$6,385.00</u>	
	(15.) = \$ <u>\$10,323.39</u>	
<b>15. SUBTOTAL Add lines 13 and 14</b>		
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$ <u>\$5,504.95</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>\$4,818.44</u> *	