



**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.

<p>1. Committee I.D. Number <b>14074</b></p> <p>2. Committee Name <b>TOM HICKNER FOR COUNTY EXECUTIVE</b></p>	<p>3. This Statement covers From: <u>01/01/10</u> to <u>12/31/10</u></p> <p>4. Candidate Last Name <b>HICKNER</b> First Name <b>THOMAS</b> M.I. <b>L.</b></p> <p>4a. Office Sought Including District # or Community Served (If applicable) <b>COUNTY EXECUTIVE</b></p> <p>4b. County of Residence <b>BAY</b></p>
<p>5. Committee's Mailing Address <b>TOM HICKNER PO BOX 403 BAY CITY MI 48707-0403</b></p> <p>Area Code and Phone <u>(989) 667-4125</u></p> <p><small>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.</small></p>	<p>6. Treasurer's Name &amp; Residential Address <b>KEN GRZEGORCZYK 2889 QUEEN ANNES CT BAY CITY MI 48708</b></p> <p>Area Code &amp; Phone <u>(989) 684-4985</u></p>
<p>7. Treasurer's Business Address <b>J &amp; K INCOME TAX SERVICE 1604 22ND ST BAY CITY MI 48708</b></p> <p>Area Code and Phone <u>(989) 892-2563</u></p>	<p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) <b>MARIE A HAYES 114 N SHERIDAN BAY CITY MI 48708</b></p> <p>Area Code and Phone <u>(989) 892-3986</u></p>

FILED GOV. CLERK  
 18th JUDICIAL  
 CIRCUIT COURT  
 JAN 26 1 30 PM '11  
 BY [Signature]

**9. TYPE OF STATEMENT**

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

9c.  Annual Statement ( 2010 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  
Type or Print Name [Signature] Signature Date 1-19-2011

Candidate THOMAS L HICKNER  
Type or Print Name [Signature] Signature Date 1-21-2011



1. Committee I.D. Number 14074

2. Committee Name Tom Hickner for County Executive

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>6,655.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>6,655.00</u>	(18.) \$ <u>12,160.00</u>
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>	(4.) \$ <u>350.00</u>	(19.) \$ <u>350.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>7,005.00</u>	(20.) \$ <u>12,510.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>	(6.) \$ <u>3,229.91</u>	(21.) \$ <u>5,079.67</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>4,234.05</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>30.58</u>	
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$ <u>4,264.63</u>	(23.) \$ <u>6,940.09</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>2,178.59</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>216.48</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>2,395.07</u>	(24.) \$ <u>5,070.53</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>3,593.14</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>7,005.00</u>	
	(15.) = \$ <u>10,598.14</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>6,659.70</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>3,938.44</u>	*



**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 02/22/10

Name & Address:

**BILL ALLSOPP**  
1956 CENTER RIDGE  
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

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt 03/06/10

Name & Address

**GEORGINA AUER**  
204 PARK AVE  
BAY CITY MI 48708

\$ 50.00

\$ 70.00

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

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

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

Type of Contribution:  Direct  Loan from a person  Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 3 PAC Receipt?  YES 4. Date of Receipt 03/06/10

Name & Address:

**GEORGE AUGUSTYNIAK**  
2840 KAISER RD RT 1  
PINCONNING MI 48650

\$ 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 # 4 PAC Receipt?  YES 4. Date of Receipt 03/05/10

Name & Address

**GEORGE AYOTTE**  
5256 PKWY DR  
BAY CITY MI 48706

\$ 50.00

\$ 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 \$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 03/16/10

Name & Address:  
**JIM & VICKI BARCIA**  
PO BOX 775  
BAY CITY MI 48707

\$ 50.00 \$ 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](#)

3. Contribution # 2 PAC Receipt?  YES 4. Date of Receipt 03/16/10

Name & Address:  
**VAUGHN BEGICK**  
5353 LORRAINE  
BAY CITY MI 48706

\$ 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 # 3 PAC Receipt?  YES 4. Date of Receipt 02/12/10

Name & Address:  
**BILL & LAURIE BERNER**  
271 DONOHUE BCH DR  
BAY CITY MI 48706

\$ 100.00 \$ 200.00

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

Occupation PRESIDENT Employer BERNER MEDICAL SYSTEMS INC

Business Address 1003 WOODSIDE AVE ESSEXVILLE MI 48732

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 03/16/10

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

\$ 40.00 \$ 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 **\$210.00**

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 03/06/10

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

\$ 100.00 \$ 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 #2 PAC Receipt?  YES 4. Date of Receipt 03/16/10

Name & Address:  
**JULI BOLLMAN**  
402 N LINN  
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

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3. Contribution # 3 PAC Receipt?  YES 4. Date of Receipt 03/01/10

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

\$ 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

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3. Contribution # 4 PAC Receipt?  YES 4. Date of Receipt 03/16/10

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

\$ 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 \$ 160.00

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 02/26/10  
Name & Address:

**TIM & BETH BOUTELL**  
855 S LINWOOD BCH  
LINWOOD MI 48634

\$ 100.00 \$ 150.00

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

Occupation OWNER Employer BAY HARBOR CONDO

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Business Address 930 E HARBOR VIEW BAY CITY MI 48706

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution # 2 PAC Receipt?  YES 4. Date of Receipt 03/02/10  
Name & Address

**HENRY BRANDT**  
986 RUSSELL RD  
BAY CITY MI 48708

\$ 30.00 \$ 30.00

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 02/18/10  
Name & Address:

**JAN & CHARLIE BROWN**  
5625 W SPRING KNOLL DR  
BAY CITY MI 48706

\$ 25.00 \$ 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 03/16/10  
Name & Address

**CHARLIE & JUDY BRUNNER**  
208 E MURPHY ST  
BAY CITY MI 48706

\$ 20.00 \$ 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 **\$175.00**

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



**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 03/16/10

Name & Address:  
**MIKE & SANDY BUDA**  
526 HANDY DR  
BAY CITY MI 48706

6. Amount \$ 20.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 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 03/05/10

Name & Address:  
**SCOTT & NANCY CARMONA**  
5757 S TWO MILE RD  
BAY CITY MI 48706

6. Amount \$ 100.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 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 02/16/10

Name & Address:  
**DAVID COOK MD**  
110 HART  
ESSEXVILLE MI 48732

6. Amount \$ 35.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 35.00

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 02/18/10

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

6. Amount \$ 50.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 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 \$205.00

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>MICHAEL &amp; DIANA DALTON</u> <u>116 VAIL CT</u> <u>MIDLAND MI 48640</u>		\$ <u>30.00</u>	\$ <u>80.00</u>
4. Date of Receipt <u>02/17/10</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>FR BOB DELAND</u> <u>710 COLUMBUS AVE</u> <u>BAY CITY MI 48708</u>		\$ <u>20.00</u>	\$ <u>40.00</u>
4. Date of Receipt <u>02/17/10</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>MARK &amp; CORINN DENAY</u> <u>1865 E SALZBURG RD</u> <u>BAY CITY MI 48706</u>		\$ <u>40.00</u>	\$ <u>60.00</u>
4. Date of Receipt <u>03/15/10</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 Name & Address: <u>GERALD DESLOOVER</u> <u>3682 E MARCUS DR</u> <u>SAGINAW MI 48603</u>		\$ <u>50.00</u>	\$ <u>150.00</u>
4. Date of Receipt <u>03/01/10</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>CPA</u> Employer <u>THE REHMANN GRP</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		<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 Name & Address: <b>MARY DONNELLY</b> 613 GREEN AVE BAY CITY MI 48708	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/16/10</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		\$ <u>40.00</u> <a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2 Name & Address: <b>ARTHUR DORE</b> PO BOX 146 BAY CITY MI 48707	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/18/10</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		\$ <u>50.00</u> <a href="#">Click Here for Memo Itemization</a>	
3. Contribution #3 Name & Address: <b>RICK &amp; MARY DRYZGA</b> 110 BOEHRINGER CT BAY CITY MI 48708	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/26/10</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		\$ <u>100.00</u> <a href="#">Click Here for Memo Itemization</a>	
3. Contribution #4 Name & Address: <b>JOHN EDMANDS</b> 1600 FIFTH ST BAY CITY MI 48708	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/17/10</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		\$ <u>50.00</u> <a href="#">Click Here for Memo Itemization</a>	

Page Subtotal \$170.00

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

Enter this total on  
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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>02/25/10</u> Name & Address: <b>JAMES C FABIANO II</b> 1885 EDWARDS CT BAY CITY MI 48706		\$ <u>100.00</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		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/04/10</u> Name & Address: <b>MARTY &amp; WALT FITZHUGH</b> 3077 OAKWOOD CT BAY CITY MI 48706		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CORP COUNSEL</u> Employer <u>BAY COUNTY</u> Business Address <u>515 CENTER AVE BAY CITY</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 # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/10/10</u> Name & Address: <b>ED GALLAGHER</b> 28 CENTER CT BAY CITY MI 48708		\$ <u>35.00</u>	\$ <u>35.00</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 # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/16/10</u> Name & Address: <b>CHRIS GIRARD</b> 1400 S LINCOLN BAY CITY MI 48708		\$ <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		Click Here for Memo Itemization	

Page Subtotal \$255.00

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? <input type="checkbox"/> YES      4. Date of Receipt <u>02/16/10</u> Name & Address: <b>MELVIN GERARD</b> 12864 S W KINGSWAY DR LAKE SUZY FL 34269		\$ <u>25.00</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	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/02/10</u> Name & Address: <b>JACK &amp; JEANNE GILBERT</b> 3475 HIGHLAND DR BAY CITY MI 48706		\$ <u>100.00</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		Click Here for Memo Itemization	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/22/10</u> Name & Address: <b>HARRY GILL</b> 3030 W RIVERVIEW DR BAY CITY MI 48706		\$ <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		Click Here for Memo Itemization	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/24/10</u> Name & Address: <b>DR GENE GILLETTE</b> 200 N CHILSON ST BAY CITY MI 48706		\$ <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		Click Here for Memo Itemization	

Page Subtotal \$195.00

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>02/18/10</u> Name & Address: <b>ED GLEDHILL</b> <b>7387 3 MILE RD</b> <b>BAY CITY MI 48706</b>		\$ <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>	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/19/10</u> Name & Address: <b>STEPHANIE GLYSSON</b> <b>1633 HIGHWOOD WEST</b> <b>PONTIAC MI 48340</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 checked="" type="checkbox"/> YES 4. Date of Receipt <u>03/25/10</u> Name & Address: <b>GAVIN GOETZ / AT &amp; T</b> <b>309 S WASHINGTON</b> <b>SAGINAW MI 48607</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 # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/16/10</u> Name & Address: <b>BRENT GOIK</b> <b>3351 PARKWAY DR</b> <b>BAY CITY MI 48706</b>		\$ <u>40.00</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>	

Page Subtotal \$190.00

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

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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>DR JEAN GOODNOW 1980 E HOTCHKISS RD BAY CITY MI 48706</b>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/12/10</u>	\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>DELTA COLLEGE</u> Business Address <u>1961 DELTA RD UNIVERSITY CENTER 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>WILLIAM &amp; MARIAN GREGORY 264 JENNISON PL BAY CITY MI 48708</b>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/17/10</u>	\$ <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 Name & Address: <b>JAMES GRIFFITHS 789 WHISPERING PINES LN BAY CITY MI 48708</b>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/20/10</u>	\$ <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 # 4 Name & Address: <b>JOHN W GRIGG 2421 LAKEVIEW CT BAY CITY MI 48706</b>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/15/10</u>	\$ <u>25.00</u>	\$ <u>45.00</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 \$165.00

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 <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>DON GROBBEL</b> 6333 GOLF LKS BAY CITY MI 48706	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/25/10</u>	\$ <u>20.00</u>	\$ <u>45.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		<a href="#">Click Here for Memo Itemization</a>	
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>GENE &amp; CAROL GWIZDALA</b> 1305 S MONROE BAY CITY MI 48708	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/16/10</u>	\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		<a href="#">Click Here for Memo Itemization</a>	
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>CHERYL HADSALL</b> 12300 OAK BIRCH RUN MI 48415	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/15/10</u>	\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		<a href="#">Click Here for Memo Itemization</a>	
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>MIKE HALSTEAD</b> 2157 SIXTH BAY CITY MI 48708	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/01/10</u>	\$ <u>20.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		<a href="#">Click Here for Memo Itemization</a>	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> 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      PAC Receipt? <input type="checkbox"/> YES Name & Address: <b>MIKE HANISKO</b> <b>1600 CENTER AVE</b> <b>BAY CITY MI 48708</b>		\$ <u>25.00</u>	\$ <u>25.00</u>
4. Date of Receipt <u>02/15/10</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: <b>DAN HATTON</b> <b>1904 MOSHER</b> <b>BAY CITY MI 48706</b>		\$ <u>20.00</u>	\$ <u>50.00</u>
4. Date of Receipt <u>03/16/10</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: <b>MARTY &amp; JACKIE HORNACEK</b> <b>609 GLENVIEW CT</b> <b>PINCONNING MI 48650</b>		\$ <u>50.00</u>	\$ <u>50.00</u>
4. Date of Receipt <u>02/14/10</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 Name & Address: <b>JOHN A HOWLAND MD</b> <b>2110 16TH ST</b> <b>BAY CITY MI 48708</b>		\$ <u>20.00</u>	\$ <u>40.00</u>
4. Date of Receipt <u>02/16/10</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 <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>01/15/10</u> Name & Address: <b>W HOWLAND</b> <b>2316 GYSIN CT</b> <b>BAY CITY MI 48708</b>		\$ <u>15.00</u>	\$ <u>15.00</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>03/05/10</u> Name & Address: <b>DR HOWARD HURT</b> <b>807 W COTTAGE GROVE RD</b> <b>LINWOOD MI 48634</b>		\$ <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>03/16/10</u> Name & Address: <b>CHRIS IZWORSKI</b> <b>547 RIVER RD</b> <b>BAY CITY MI 48706</b>		\$ <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 # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/15/10</u> Name & Address: <b>KAREN JACOBS</b> <b>148 LITTLE KILLARNEY BCH</b> <b>BAY CITY MI 48706</b>		\$ <u>25.00</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>	

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 <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>03/16/10</u> Name & Address: <b>MARK JANER</b> <b>1701 MOSHER ST</b> <b>BAY CITY MI 48706</b>		\$ <u>30.00</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 #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/16/10</u> Name & Address: <b>BRIAN &amp; ELLEN JEFFRIES</b> <b>3229 MOORES RIVER DR</b> <b>LANSING MI 48911</b>		\$ <u>100.00</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 # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/16/10</u> Name & Address: <b>ADAM KANUSZEWSKI</b> <b>701 E VERMONT ST STE 100</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 # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/28/10</u> Name & Address: <b>BRIAN &amp; ANNETTE KAY</b> <b>2115 6TH ST</b> <b>BAY CITY MI 48708</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>	

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 <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>03/16/10</u> Name & Address: <b>EDNA KAY-SIMON</b> 1509 3RD ST BAY CITY MI 48708 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ <u>20.00</u>
<a href="#">Click Here for Memo Itemization</a>		
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/16/10</u> Name & Address: <b>TIM &amp; PAM KELLY</b> 2152 6TH ST BAY CITY MI 48708 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ <u>20.00</u>
<a href="#">Click Here for Memo Itemization</a>		
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/27/10</u> Name & Address: <b>CHARLES E KERR DO</b> 1606 S EUCLID BAY CITY MI 48706 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>50.00</u>
<a href="#">Click Here for Memo Itemization</a>		
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/22/10</u> Name & Address: <b>THOMAS M KINNEY</b> 1400 W BORTON RD ESSEXVILLE MI 48732 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>100.00</u>
<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 Name & Address: <b>ERNEST &amp; MARY KRYGIER</b> 785 ALPINE BCH BAY CITY MI 48706	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/15/10</u>	\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		<a href="#">Click Here for Memo Itemization</a>	
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>BILL &amp; SHERRY LAMERE</b> 2722 S WESTGATE DR BAY CITY MI 48706	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/16/10</u>	\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		<a href="#">Click Here for Memo Itemization</a>	
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>SHAWN LAMERE</b> 3610 GRAEBNER LN SAGINAW MI 48602	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/16/10</u>	\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		<a href="#">Click Here for Memo Itemization</a>	
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>D BRIAN LAW</b> 1007 N WATER ST BAY CITY MI 48708	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/19/10</u>	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		<a href="#">Click Here for Memo Itemization</a>	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **\$170.00**

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>P JEAN LEAMING 37 E SHARLEAR DR ESSEXVILLE MI 48732</b>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/01/10</u>	\$ <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 #2 Name & Address: <b>LYLE &amp; CHARLENE LECRONIER 5855 FLAJOLE RD FREELAND MI 48623</b>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/15/10</u>	\$ <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 # 3 Name & Address: <b>ED LEGNER 1010 S HAMPTON ST BAY CITY MI 48708</b>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/15/10</u>	\$ <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 # 4 Name & Address: <b>KURT &amp; WENDY LEGNER 308 S HAMPTON ST BAY CITY MI 48708</b>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/16/10</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>	

Page Subtotal	\$170.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)	



**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>GENE &amp; LYDIA LEHNHARDT</b> 4870 APPLETREE LN BAY CITY MI 48706		\$ <u>25.00</u>	\$ <u>65.00</u>
4. Date of Receipt <u>02/15/10</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: <b>KATHY LEIKERT</b> 3304 EVERGREEN BAY CITY MI 48706		\$ <u>20.00</u>	\$ <u>40.00</u>
4. Date of Receipt <u>02/16/10</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: <b>DAN LETHERER</b> 709 POLK ST BAY CITY MI 48708		\$ <u>20.00</u>	\$ <u>20.00</u>
4. Date of Receipt <u>03/16/10</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 Name & Address: <b>DALE &amp; KELLE LEVASSIUR</b> 5563 CHRISTYWAY BAY CITY MI 48706		\$ <u>50.00</u>	\$ <u>50.00</u>
4. Date of Receipt <u>03/12/10</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 <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>02/21/10</u> Name & Address: <b>JIM LEWIS</b> <b>7292 SPRING LAKE TR</b> <b>SAGINAW MI 48603</b>		\$ <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 #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/22/10</u> Name & Address: <b>SUZIE &amp; JOHN LEY</b> <b>7492 CYPRESS PL</b> <b>BAY CITY MI 48706</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 <u>03/15/10</u> Name & Address: <b>JOHN &amp; JUDY LORE</b> <b>253 JENNISON PL</b> <b>BAY CITY MI 48708</b>		\$ <u>100.00</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 # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/16/10</u> Name & Address: <b>JAMES &amp; JOHANNE LUTH</b> <b>953 N JONES</b> <b>ESSEXVILLE MI 48732</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>	

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      4. Date of Receipt <u>03/16/10</u> Name & Address: <b>BARB MACGREGOR</b> <b>425 N HURON RD</b> <b>LINWOOD MI 48634</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		Click Here for Memo Itemization	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/16/10</u> Name & Address <b>KEITH MARKSTROM</b> <b>1383 N JONES</b> <b>ESSEXVILLE MI 48732</b>		\$ <u>50.00</u>	\$ <u>75.00</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      4. Date of Receipt <u>02/15/10</u> Name & Address: <b>NANCY MCDONOUGH</b> <b>607 NURMI CT</b> <b>BAY CITY MI 48708</b>		\$ <u>100.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Mother</u> Employer <u>N/A</u> 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 # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/19/10</u> Name & Address <b>AL &amp; JOY MCFADYEN</b> <b>2220 MCKINLEY</b> <b>BAY CITY MI 48708</b>		\$ <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		Click Here for Memo Itemization	

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 Name & Address: <b>EVA MCGEE</b> 2387 MUIRHEAD DR BAY CITY MI 48706	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/13/10</u>	\$ <u>100.00</u>	\$ <u>200.00</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 #2 Name & Address: <b>SCOTT MCINTYRE</b> 1400 CENTER AVE BAY CITY MI 48708	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/04/10</u>	\$ <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 #3 Name & Address: <b>PHIL MCKENNA</b> 235 E MAIN ST STE 105 NORTHVILLE MI 48167	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/17/10</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 #4 Name & Address: <b>BRIAN MILLER</b> 269 2ND ST BAY CITY MI 48708	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/16/10</u>	\$ <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>	

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	4. Date of Receipt <u>03/16/10</u>	
Name & Address: <b>KEN &amp; MARY ELLEN MILLER</b> 211 S FINN RD MUNGER MI 48742		\$ <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>02/17/10</u>	
Name & Address: <b>RICH &amp; CAROLE MILSTER</b> 210 PENDLETON BAY CITY MI 48708		\$ <u>100.00</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 # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/16/10</u>	
Name & Address: <b>JAN A MINER</b> 304 W HAMPTON ESSEXVILLE MI 48732		\$ <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 # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/16/10</u>	
Name & Address: <b>GARY MOORE</b> 193 HENDRIE BAY CITY MI 48706		\$ <u>50.00</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		<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 <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>03/15/10</u> Name & Address: <b>JON MORSE</b> <b>1001 S MONROE</b> <b>BAY CITY MI 48708</b>	\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		<a href="#">Click Here for Memo Itemization</a>
Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/15/10</u> Name & Address: <b>DAVE MURRAY</b> <b>4301 3 MILE RD</b> <b>BAY CITY MI 48706</b>	\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		<a href="#">Click Here for Memo Itemization</a>
Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/07/10</u> Name & Address: <b>ERIC MUSUM</b> <b>797 S WOODCOCK RD</b> <b>MIDLAND MI 48640</b>	\$ <u>20.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		<a href="#">Click Here for Memo Itemization</a>
Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/10/10</u> Name & Address: <b>SCOTT NEWCOMBE</b> <b>5616 FIRETHORNE DR</b> <b>BAY CITY MI 48706</b>	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		<a href="#">Click Here for Memo Itemization</a>
Business Address _____ 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 <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>03/05/10</u> Name & Address: <b>ALAN NICHOLLS / JULIET PERZ</b> <b>327 S WALNUT ST</b> <b>BAY CITY MI 48706</b>	\$ <u>100.00</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>03/15/10</u> Name & Address: <b>LEN &amp; MARY NORMAN</b> <b>3395 NORTHWAY DR</b> <b>BAY CITY MI 48706</b>	\$ <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 # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/06/10</u> Name & Address: <b>PAT &amp; ANN O'BRIEN</b> <b>4687 4 MILE</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 # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/16/10</u> Name & Address: <b>RICK PABALIS</b> <b>5431 CHRISTENA RD</b> <b>BAY CITY MI 48706</b>	\$ <u>20.00</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>

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      4. Date of Receipt <u>03/16/10</u> Name & Address: <b>TOM PAIGE</b> 4838 11 MILE RD AUBURN MI 48611		\$ <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		Click Here for Memo Itemization	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/15/10</u> Name & Address: <b>JANE PERKINS</b> 1106 HARBOR COVE BAY CITY MI 48708		\$ <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		Click Here for Memo Itemization	
3. Contribution # 3      PAC Receipt? <input checked="" type="checkbox"/> YES      4. Date of Receipt <u>02/18/10</u> Name & Address: <b>PLUMBERS &amp; STEAMFITTERS 85 PAC</b> 6705 WEISS SAGINAW MI 48603		\$ <u>100.00</u>	\$ <u>180.00</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 # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/01/10</u> Name & Address: <b>KEITH PRETTY</b> 608 W MAIN ST MIDLAND MI 48640		\$ <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		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 <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>03/16/10</u> Name & Address: <b>TOM PUTT</b> <b>3837 GARFIELD RD</b> <b>AUBURN MI 48611</b> 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	\$ <u>25.00</u>	\$ <u>45.00</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/24/10</u> Name & Address: <b>TIM &amp; JANE QUINN</b> <b>201 LAGOON BCH DR</b> <b>BAY CITY MI 48706</b> 5. If over \$100.00 cumulative, please provide: Occupation <u>PERSONNEL DIRECTOR</u> Employer <u>BAY COUNTY</u> Business Address <u>515 CENTER AVE BAY CITY</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>200.00</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/17/10</u> Name & Address: <b>MARK RABISH</b> <b>PO BOX 717</b> <b>PINCONNING MI 48650</b> 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	\$ <u>50.00</u>	\$ <u>50.00</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>04/08/10</u> Name & Address: <b>ROSE RECHSTEINER</b> <b>3366 HIDDEN RD</b> <b>BAY CITY MI 48706</b> 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	\$ <u>50.00</u>	\$ <u>50.00</u>  <a href="#">Click Here for Memo Itemization</a>

Page Subtotal **\$225.00**

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

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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>02/24/10</u> Name & Address: <b>BRIAN REDMOND</b> 11 BAY SHORD DR BAY CITY MI 48706	\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: <span style="float: right;"><a href="#">Click Here for Memo Itemization</a></span> 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		
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/16/10</u> Name & Address: <b>BOB REDMOND</b> 201 N MOUNTAIN BAY CITY MI 48706	\$ <u>50.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: <span style="float: right;"><a href="#">Click Here for Memo Itemization</a></span> 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		
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/13/10</u> Name & Address: <b>JIM REID</b> 919 N WATER ST BAY CITY MI 48708	\$ <u>25.00</u>	\$ <u>45.00</u>
5. If over \$100.00 cumulative, please provide: <span style="float: right;"><a href="#">Click Here for Memo Itemization</a></span> 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		
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/16/10</u> Name & Address: <b>MICHELE REILLY</b> 1701 HELEN ST BAY CITY MI 48708	\$ <u>20.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: <span style="float: right;"><a href="#">Click Here for Memo Itemization</a></span> 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		

Page Subtotal **\$145.00**  
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>02/20/10</u> Name & Address: <b>BECKY REIMANN</b> <b>803 FLORIDA CT</b> <b>BAY CITY MI 48706</b>	\$ <u>20.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: <div style="float: right; text-align: right;"> <a href="#">Click Here for Memo Itemization</a> </div> 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		
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/15/10</u> Name & Address: <b>JOHN REYNOLDS</b> <b>1099 MACKINAW</b> <b>KAWKAWLIN MI 48631</b>	\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: <div style="float: right; text-align: right;"> <a href="#">Click Here for Memo Itemization</a> </div> 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		
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/16/10</u> Name & Address: <b>FORREST ROBISON</b> <b>1210 HINE</b> <b>BAY CITY MI 48708</b>	\$ <u>20.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: <div style="float: right; text-align: right;"> <a href="#">Click Here for Memo Itemization</a> </div> 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		
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/16/10</u> Name & Address: <b>DAVE ROGERS</b> <b>4659 DALE CT</b> <b>BAY CITY MI 48706</b>	\$ <u>100.00</u>	\$ <u>140.00</u>
5. If over \$100.00 cumulative, please provide: <div style="float: right; text-align: right;"> <a href="#">Click Here for Memo Itemization</a> </div> Occupation <u>RETIRE</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		

Page Subtotal **\$160.00**

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>MIKE ROWLEY</b> PO BOX 1115 BAY CITY MI 48707	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/14/10</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		\$ <u>20.00</u>	\$ <u>20.00</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>LOUIS RUPFF</b> 101 PARKWOOD CT BAY CITY MI 48708	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/20/10</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		\$ <u>50.00</u>	\$ <u>50.00</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 Name & Address: <b>TOM &amp; LAURA RYDER</b> 601 N HAMPTON BAY CITY MI 48708	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/16/10</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		\$ <u>50.00</u>	\$ <u>50.00</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 Name & Address: <b>J SABOURIN</b> 1812 CENTER AVE BAY CITY MI 48708	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/16/10</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		\$ <u>20.00</u>	\$ <u>20.00</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>03/16/10</u>	
Name & Address: <b>JEFF SAWYER</b> 7677 MIDLAND RD BAY CITY MI 48706		\$ <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 #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/16/10</u>	
Name & Address: <b>DR GERALD SCHELL</b> 4677 TOWNE CENTER SAGINAW MI		\$ <u>80.00</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>	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/19/10</u>	
Name & Address: <b>DAN &amp; ANGIE SCHERZER</b> 5470 4 MILE RD BAY CITY MI 48706		\$ <u>40.00</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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/26/10</u>	
Name & Address: <b>TOM SCHINDLER</b> 261 E TOWNLINE RD AUBURN MI 48611		\$ <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>	

Page Subtotal \$160.00

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>JOE &amp; JOANN SHEERAN</b> 1206 WILDERNESS CT ESSEXVILLE MI 48732	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/16/10</u>	\$ <u>100.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CIRCUIT COURT JUDGE</u> Employer <u>BAY COUNTY</u> Business Address <u>1230 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 #2 Name & Address: <b>BRANDON SHORT</b> 1112 N WILLIAMS ST BAY CITY MI 48706	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/16/10</u>	\$ <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 Name & Address: <b>DHANA &amp; PATRICIA SHRESTHA</b> 2133 HERITAGE DR BAY CITY MI 48706	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/16/10</u>	\$ <u>100.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>SELF</u> Business Address <u>3720 KATALIN CT BAY CITY MI 48706</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #4 Name & Address: <b>DAVID SKINNER</b> 89 BAY SHORE DR BAY CITY MI 48706	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/16/10</u>	\$ <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>	

Page Subtotal \$270.00

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

\$270.00

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>02/23/10</u> Name & Address: <b>LYDIA SOLINSKI</b> <b>403 E SALZBURG RD</b> <b>BAY CITY MI 48706</b>	\$ <u>20.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: <div style="display: flex; justify-content: space-between;"> <span>Occupation _____ Employer _____</span> <span><a href="#">Click Here for Memo Itemization</a></span> </div> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/16/10</u> Name & Address: <b>JEROME SOMALSKI / WANDA DZIWURA</b> <b>1147 N PINE RD</b> <b>ESSEXVILLE MI 48732</b>	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: <div style="display: flex; justify-content: space-between;"> <span>Occupation _____ Employer _____</span> <span><a href="#">Click Here for Memo Itemization</a></span> </div> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/02/10</u> Name & Address: <b>DICK SOMALSKI</b> <b>1630 SE BOUTELL RD</b> <b>ESSEXVILLE MI 48732</b>	\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: <div style="display: flex; justify-content: space-between;"> <span>Occupation _____ Employer _____</span> <span><a href="#">Click Here for Memo Itemization</a></span> </div> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/15/10</u> Name & Address: <b>LYNN STAMIRIS</b> <b>2203 CARROLL RD</b> <b>BAY CITY MI 48708</b>	\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: <div style="display: flex; justify-content: space-between;"> <span>Occupation _____ Employer _____</span> <span><a href="#">Click Here for Memo Itemization</a></span> </div> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **\$170.00**

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>03/16/10</u> Name & Address: <b>RICHARD STASIK</b> <b>21 BAY SHORE DR</b> <b>BAY CITY MI 48706</b> 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	\$ <u>20.00</u>	\$ <u>20.00</u>
<a href="#">Click Here for Memo Itemization</a>		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/10</u> Name & Address: <b>MIKE STODOLAK</b> <b>1206 5TH ST</b> <b>BAY CITY MI 48708</b> 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	\$ <u>20.00</u>	\$ <u>70.00</u>
<a href="#">Click Here for Memo Itemization</a>		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/16/10</u> Name & Address: <b>JOEL STRASZ</b> <b>417 FILLMORE PL</b> <b>BAY CITY MI 48708</b> 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	\$ <u>20.00</u>	\$ <u>40.00</u>
<a href="#">Click Here for Memo Itemization</a>		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/16/10</u> Name & Address: <b>ANDREA STUDDERS</b> <b>215 AMES ST</b> <b>BAY CITY MI 48708</b> 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	\$ <u>20.00</u>	\$ <u>40.00</u>
<a href="#">Click Here for Memo Itemization</a>		

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 <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>03/08/10</u> Name & Address: <b>JAIN SYED MD</b> <b>714 S TRUMBULL</b> <b>BAY CITY MI 48708</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 # 2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/22/10</u> Name & Address: <b>TOM TARLETON</b> <b>307 BARBERRY AVE</b> <b>PORTAGE MI 49002</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 # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/16/10</u> Name & Address: <b>PAT &amp; ANNE TRAHAN</b> <b>2722 S WESTGATE</b> <b>BAY CITY MI 48706</b>	\$ <u>40.00</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 # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/21/10</u> Name & Address: <b>PAUL &amp; LUANN TRAVIS</b> <b>703 S ARBOR</b> <b>BAY CITY MI 48708</b>	\$ <u>25.00</u>	\$ <u>65.00</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 **\$135.00**  
 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>02/17/10</u> Name & Address: <b>BOB &amp; JEAN TRAXLER</b> <b>1760 VAN WAGONER DR</b> <b>SAGINAW MI 48638</b>	\$ <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>03/07/10</u> Name & Address: <b>CLIFF VAN DYKE &amp; CAROLE</b> <b>901 WELLS CT</b> <b>BAY CITY MI 48708</b>	\$ <u>40.00</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>02/13/10</u> Name & Address: <b>LOUIS VESCIO</b> <b>592 FOXBORO RD</b> <b>SAGINAW MI 48638</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 # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/15/10</u> Name & Address: <b>RICHARD &amp; DEE DEE WACKSMAN</b> <b>1605 CARLA DR</b> <b>ESSEXVILLE MI 48732</b>	\$ <u>50.00</u>	\$ <u>75.00</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)

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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 <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>TERRY &amp; DIANE WAGAR</b> 2696 S WESTGATE BAY CITY MI 48706	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/21/10</u>	\$ <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 #2 Name & Address: <b>DEBBIE WALKER</b> 710 W BORTON RD ESSEXVILLE MI 48732	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/20/10</u>	\$ <u>10.00</u>	\$ <u>10.00</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>WALLACE WARNER</b> 2665 N ORR RD HEMLOCK MI 48626	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/15/10</u>	\$ <u>20.00</u>	\$ <u>45.00</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>LYNN WEAVER</b> 908 N FRANCIS SHORES RD SANFORD MI 48657	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/15/10</u>	\$ <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>	

Page Subtotal \$100.00

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 <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>02/12/10</u> Name & Address: <b>WILLIAM WEBBER</b> <b>683 S LINWOOD BCH RD</b> <b>LINWOOD MI 48634</b> 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	\$ <u>100.00</u>	\$ <u>100.00</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>02/15/10</u> Name & Address: <b>HOWARD &amp; JULIANN WETTERS</b> <b>1886 WETTERS RD</b> <b>KAWKAWLIN MI 48651</b> 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	\$ <u>50.00</u>	\$ <u>100.00</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/10/10</u> Name & Address: <b>STEVE &amp; DENA WIRT</b> <b>196 ATHLONE BCH</b> <b>BAY CITY MI 48706</b> 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	\$ <u>100.00</u>	\$ <u>100.00</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/16/10</u> Name & Address: <b>BRYAN WOOD</b> <b>930 WAGNER RD</b> <b>ESSEXVILLE MI 48732</b> 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	\$ <u>100.00</u>	\$ <u>100.00</u>  <a href="#">Click Here for Memo Itemization</a>

Page Subtotal **\$350.00**

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 <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>03/23/10</u> Name & Address: <b>WILLIAM &amp; CAROL WRIGHT</b> <b>1513 RAYMOND ST</b> <b>BAY CITY MI 48706</b>	\$ <u>10.00</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>03/16/10</u> Name & Address: <b>FRANK YORK</b> <b>132 LITTLE KILLARNEY BCH</b> <b>BAY CITY MI 48706</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 <u>03/16/10</u> Name & Address: <b>ERIC &amp; BEV ZIMOSTRAD</b> <b>1105 MAPLE</b> <b>ESSEXVILLE MI 48732</b>	\$ <u>40.00</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 # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/09/10</u> Name & Address: <b>DUFF ZUBE</b> <b>261 DONAHUE BCH RD</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>		

Page Subtotal \$120.00

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

\$ 6655.00

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line 3a of Summary  
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**ITEMIZED OTHER RECEIPTS  
SCHEDULE 1A-1**

**CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074

2. Committee Name Tom Hickner for County Executive

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: <b>WALLING FOR MAYOR PO BOX 937 FLINT MI 48501</b>	Date of Receipt <u>03/11/09</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input checked="" type="checkbox"/> Other (Specify) <u>NOT CASHED</u>	\$ <u>100.00</u>
Receipt #2 Name & Address: <b>MI HOUSE DEM FUND PO BOX 16193 LANSING MI 48901</b>	Date of Receipt <u>04/23/09</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input checked="" type="checkbox"/> Other (Specify) <u>NOT CASHED</u>	\$ <u>250.00</u>
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #7 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____	\$ _____

Page Subtotal **\$350.00**

Grand Total of All Schedules 1A -1  
(Complete on last page of Schedule) **\$350.00**

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line 4 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>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>VOLUNTEER DINNER</u>  5. Date Of Receipt: <u>02/05/10</u>  6. Vendor Name & Address: <b>RIVERFRONT GRILL</b> <b>ONE WENONAH PARK PL</b> <b>BAY CITY MI 48708</b>  <a href="#">Click Here for Memo Itemization</a>	\$ <u>102.53</u>	\$ <u>113.31</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>REFRESHMENTS</u> <u>constits</u>  5. Date Of Receipt: <u>02/13/10</u>  6. Vendor Name & Address: <b>OLD CITY HALL</b> <b>814 SAGINAW ST</b> <b>BAY CITY MI 48708</b>  <a href="#">Click Here for Memo Itemization</a>	\$ <u>14.63</u>	\$ <u>843.13</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> <u>constits</u>  5. Date Of Receipt: <u>02/12/10</u>  6. Vendor Name & Address: <b>OLD CITY HALL</b> <b>814 SAGINAW ST</b> <b>BAY CITY MI 48708</b>  <a href="#">Click Here for Memo Itemization</a>	\$ <u>53.74</u>	\$ <u>896.87</u>

Page Subtotal **\$170.90**

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)	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>REFRESHMENTS    Con stts</u>  5. Date Of Receipt: <u>02/17/10</u>  6. Vendor Name & Address: <b>STEIN HAUS</b> <b>1020 N WATER ST</b> <b>BAY CITY MI 48708</b>	\$ <u>18.76</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>REFRESHMENTS    Con stts</u>  5. Date Of Receipt: <u>02/19/10</u>  6. Vendor Name & Address: <b>RIVERFRONT GRILLE</b> <b>ONE WENONAH PARK PLACE</b> <b>BAY CITY MI 48708</b>	\$ <u>40.85</u> \$ <u>154.16</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 - STAFF</u>  5. Date Of Receipt: <u>12/29/09</u>  6. Vendor Name & Address: <b>OLD CITY HALL</b> <b>814 SAGINAW ST</b> <b>BAY CITY MI 48708</b>	\$ <u>25.00</u> \$ <u>921.87</u>	\$ _____
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal **\$84.61**

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 <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 - CONSTITUENTS</u>  5. Date Of Receipt: <u>02/27/10</u>  6. Vendor Name & Address: <b>THE EXCHANGE</b> <b>314 E MICHIGAN AVE</b> <b>LANSING MI 48933</b>  Click Here for Memo Itemization	\$ <u>13.99</u>	\$ <u>93.95</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>LUNCH - OFF SHORE WIND</u>  5. Date Of Receipt: <u>02/18/10</u>  6. Vendor Name & Address: <b>ATRIUM</b> <b>1108 N WATER ST</b> <b>BAY CITY MI 48708</b>  Click Here for Memo Itemization	\$ <u>15.46</u>	\$ <u>46.06</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>LUNCH - JUDGE</u>  5. Date Of Receipt: <u>02/27/10</u>  6. Vendor Name & Address: <b>LUMBER BARONS</b> <b>804 E MIDLAND ST</b> <b>BAY CITY MI 48706</b>  Click Here for Memo Itemization	\$ <u>34.95</u>	

Page Subtotal **\$64.40**

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 <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:	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>NATHAN WEIDNER FUND RAISER</u>  5. Date Of Receipt: <u>02/24/10</u>  6. Vendor Name & Address: <b>BAY CITY COUNTRY CLUB</b> <b>7255 3 MILE RD</b> <b>BAY CITY MI 48706</b>	\$ <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:	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>12/04/10</u>  6. Vendor Name & Address: <b>STUDIO 23</b> <b>901 N WATER ST</b> <b>BAY CITY MI 48708</b>	\$ <u>50.00</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>POSTAGE</u>  5. Date Of Receipt: <u>01/12/10</u>  6. Vendor Name & Address: <b>POSTMASTER</b> <b>1000 WASHINGTON</b> <b>BAY CITY MI 48707</b>	\$ <u>13.20</u> \$ <u>47.40</u>	

Page Subtotal **\$103.20**

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**

**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 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)
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<p>Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name &amp; Address: <b>SAME</b></p> <p><b>If over \$100.00 cumulative, please provide:</b> Occupation:</p> <p>Employer Name &amp; Business Address:</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>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></p> <p>Description <u>REFRESHMENT - CONSTITUENTS</u></p> <p>5. Date Of Receipt: <u>11/29/10</u></p> <p>6. <b>Vendor Name &amp; Address:</b> <b>LUMBER BARONS</b> <b>804 E MIDLAND ST</b> <b>BAY CITY MI 48706</b></p> <p style="text-align: right;"><a href="#">Click Here for Memo Itemization</a></p>	<p>\$ <u>40.00</u></p>	<p>\$ <u>74.95</u></p>
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<p>Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name &amp; Address: <b>SAME</b></p> <p><b>If over \$100.00 cumulative, please provide:</b> Occupation:</p> <p>Employer Name &amp; Address:</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>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></p> <p>Description <u>FUND RAISER</u></p> <p>5. Date Of Receipt: <u>03/13/10</u></p> <p>6. <b>Vendor Name &amp; Address:</b> <b>SAGINAW BAY SAILING ASSOC</b> <b>PO BOX 45</b> <b>BAY CITY MI 48707</b></p> <p style="text-align: right;"><a href="#">Click Here for Memo Itemization</a></p>	<p>\$ <u>60.00</u></p>	<p>\$ _____</p>
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<p>Contribution #3      PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name &amp; Address: <b>SAME</b></p> <p><b>If over \$100.00 cumulative, please provide:</b> Occupation:</p> <p>Employer Name &amp; Address:</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>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></p> <p>Description <u>REFRESHMENTS - CONSTITUENTS</u></p> <p>5. Date Of Receipt: <u>02/24/10</u></p> <p>6. <b>Vendor Name &amp; Address:</b> <b>OLD CITY HALL</b> <b>814 SAGINAW ST</b> <b>BAY CITY MI 48708</b></p> <p style="text-align: right;"><a href="#">Click Here for Memo Itemization</a></p>	<p>\$ <u>10.18</u></p>	<p>\$ <u>932.05</u></p>
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Page Subtotal **\$110.18**

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) 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>SOS DELEG - LUNCH</u> 5. Date Of Receipt: <u>02/18/10</u> 6. <b>Vendor Name &amp; Address:</b> <b>ATRIUM</b> <b>1108 N WATER ST</b> <b>BAY CITY MI 48708</b>	\$ <u>14.88</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>REFRESHMENTS Const.</u> 5. Date Of Receipt: <u>02/26/10</u> 6. <b>Vendor Name &amp; Address:</b> <b>BAY CITY COUNTRY CLUB</b> <b>7255 S 3 MILE RD</b> <b>BAY CITY MI 48706</b>	\$ <u>18.44</u> \$ <u>58.44</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>THANK YOU DINNER - VOLUNTEERS</u> 5. Date Of Receipt: <u>12/08/10</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>117.47</u> \$ <u>1049.52</u>	

Page Subtotal **\$150.79**

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 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>REFRESHMENTS - CONSTITUENTS</u>  5. Date Of Receipt: <u>12/02/10</u>  6. Vendor Name & Address: <b>SBYC</b> <b>2313 WEADOCK RD</b> <b>ESSEXVILLE MI 48732</b>  <a href="#">Click Here for Memo Itemization</a>	\$ <u>11.77</u>	\$ <u>61.77</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>REFRESHMENTS - const</u>  5. Date Of Receipt: <u>03/04/10</u>  6. Vendor Name & Address: <b>STEIN HAUS</b> <b>1020 N WATER ST</b> <b>BAY CITY MI 48708</b>  <a href="#">Click Here for Memo Itemization</a>	\$ <u>6.99</u>	\$ <u>44.51</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 - CONSTITUENTS</u>  5. Date Of Receipt: <u>03/01/10</u>  6. Vendor Name & Address: <b>WIL-LEW</b> <b>3005 MIDLAND RD</b> <b>BAY CITY MI 48706</b>  <a href="#">Click Here for Memo Itemization</a>	\$ <u>30.83</u>	

Page Subtotal **\$49.59**

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 <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>DINNER - <i>constit</i></u> 5. Date Of Receipt: <u>01/09/10</u> 6. Vendor Name & Address: <b>RIVERFRONT GRILLE</b> <b>ONE WENONAH PARK PL</b> <b>BAY CITY MI 48708</b> Click Here for Memo Itemization	\$ <b>85.76</b>	\$ <b>239.92</b>
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>FOOD REFRESHMENTS - MSU PARTY</u> 5. Date Of Receipt: <u>04/03/10</u> 6. Vendor Name & Address: <b>SBYC</b> <b>2313 WEADOCK RD</b> <b>ESSEXVILLE MI 48732</b> Click Here for Memo Itemization	\$ <b>76.96</b>	\$ <b>138.73</b>
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>VOLUNTEER THANK YOU PARTY</u> 5. Date Of Receipt: <u>04/09/10</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	\$ <b>56.91</b>	\$ <b>1106.43</b>

Page Subtotal **\$219.63**

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) 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>THANK YOU DINNER - VOLUNTEERS, STAFF</u> 5. Date Of Receipt: <u>04/03/10</u> 6. <b>Vendor Name &amp; Address:</b> <b>RIVERFRONT GRILLE</b> <b>ONE WENONAH PARK PL</b> <b>BAY CITY MI 48708</b>  <a href="#">Click Here for Memo Itemization</a>	\$ <u>184.76</u>	\$ <u>424.68</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>RECEPTION</u> 5. Date Of Receipt: <u>04/13/10</u> 6. <b>Vendor Name &amp; Address:</b> <b>MICH ASSOCIATION OF COUNTIES</b> <b>935 N WASHINGTON AVE</b> <b>LANSING MI 48906</b>  <a href="#">Click Here for Memo Itemization</a>	\$ <u>35.00</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>AD</u> 5. Date Of Receipt: <u>03/23/10</u> 6. <b>Vendor Name &amp; Address:</b> <b>ST PATS PARADE ASSOC</b> <b>1316 BROADWAY</b> <b>BAY CITY MI 48708</b>  <a href="#">Click Here for Memo Itemization</a>	\$ <u>15.00</u>	\$ _____

Page Subtotal **\$234.76**

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)	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>ANNUAL MEETING</u>	\$ <u>47.00</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>	\$ <u>100.00</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:	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>	\$ <u>100.00</u> \$ _____	Click Here for Memo Itemization

Page Subtotal **\$247.00**

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:	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>	\$ <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>	\$ <u>250.00</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:	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>	\$ <u>100.00</u> \$ _____	Click Here for Memo Itemization

Page Subtotal **\$400.00**

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 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>04/22/10</u>  6. Vendor Name & Address: <b>BAY REGIONAL FOUNDATION</b> <b>1900 COLUMBUS AVE</b> <b>BAY CITY MI 48708</b>	\$ <u>50.00</u>	\$ <u>85.00</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>POSTAGE</u>  5. Date Of Receipt: <u>05/03/10</u>  6. Vendor Name & Address: <b>POSTMASTER</b> <b>1000 WASHINGTON AVE</b> <b>BC 48707</b>	\$ <u>17.60</u>	\$ <u>65.00</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>REFRESHMENTS WITH REPS</u>  5. Date Of Receipt: <u>04/27/10</u>  6. Vendor Name & Address: <b>TAVERN ON SQUARE</b> <b>206 S WASHINGTON SQUARE</b> <b>LANSING MI 48933</b>	\$ <u>44.00</u>	

Page Subtotal **\$111.60**

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 all 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>MEMBERSHIP</u>  5. Date Of Receipt: <u>05/05/10</u>  6. Vendor Name & Address: <b>BAY CO LEAGUE OF DEM WOMEN/MEN</b> <b>2341 E BEAVER RD</b> <b>KAWKAWLIN MI 48631</b>	\$ <u>10.00</u>	\$ <u>20.00</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>LUNCH - BRUNNER</u>  5. Date Of Receipt: <u>03/15/10</u>  6. Vendor Name & Address: <b>JACKS DELI</b> <b>510 3RD ST</b> <b>BAY CITY MI 48708</b>	\$ <u>7.78</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 - CONSTITUENTS</u>  5. Date Of Receipt: <u>03/15/10</u>  6. Vendor Name & Address: <b>OLD CITY HALL</b> <b>814 SAGINAW ST</b> <b>BAY CITY MI 48708</b>	\$ <u>21.31</u>	\$ <u>1127.74</u>
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal **\$39.09**

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) 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?  Yes  
Name & Address:

**SAME**

If over \$100.00 cumulative, please provide:  
Occupation:

Employer Name & Business Address:

4.  Endorsement or Guarantee of Bank Loan

Goods Donated or Loaned  Services Donated

Goods or Services Purchased by Candidate or Others

Goods or Services Purchased by Candidate or Others- **LOAN**

Description FUND RAISER

5. Date Of Receipt: 05/05/10

6. Vendor Name & Address:

**LISA NUSZKOWSKI FOR SENATE**  
**PO BOX 32248**  
**DETROIT MI 48232**

[Click Here for Memo Itemization](#)

\$ 100.00 \$

Fund Raiser Contribution

Contribution # 2 PAC Receipt?  Yes  
Name & Address:

**SAME**

If over \$100.00 cumulative, please provide:  
Occupation:

Employer Name & Address:

4.  Endorsement or Guarantee of Bank Loan

Goods Donated or Loaned  Services Donated

Goods or Services Purchased by Candidate or Others

Goods or Services Purchased by Candidate or Others- **LOAN**

Description BANQUET & MEMBERSHIP

5. Date Of Receipt: 05/16/10

6. Vendor Name & Address:

**NAACP**  
**PO BOX 335**  
**BAY CITY MI 48707**

[Click Here for Memo Itemization](#)

\$ 80.00 \$

Fund Raiser Contribution

Contribution #3 PAC Receipt?  Yes  
Name & Address:

**SAME**

If over \$100.00 cumulative, please provide:  
Occupation:

Employer Name & Address:

4.  Endorsement or Guarantee of Bank Loan

Goods Donated or Loaned  Services Donated

Goods or Services Purchased by Candidate or Others

Goods or Services Purchased by Candidate or Others- **LOAN**

Description FUND RAISER

5. Date Of Receipt: 12/20/10

6. Vendor Name & Address:

**ST BRIDGET DIVISION LAOH**  
**1316 BROADWAY**  
**BAY CITY MI 48708**

[Click Here for Memo Itemization](#)

\$ 150.00 \$

Fund Raiser Contribution

Page Subtotal **\$330.00**

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 all 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>POSTAGE</u> 5. Date Of Receipt: <u>04/20/10</u> 6. Vendor Name & Address: <b>POSTMASTER</b> <b>1000 WASHINGTON AVE</b> <b>BAY CITY 48707</b>	\$ <b>35.20</b>	\$ <b>100.20</b>       <a href="#">Click Here for Memo Itemization</a>
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>FOOD REFRESHMENTS - VOLUNTEERS</u> 5. Date Of Receipt: <u>06/11/10</u> 6. Vendor Name & Address: <b>RIVERFRONT GRILLE</b> <b>ONE WENONAH PK PL</b> <b>BAY CITY 48708</b>	\$ <b>82.04</b>	\$ <b>506.72</b>       <a href="#">Click Here for Memo Itemization</a>
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>FOOD REFRESHMENTS - VOLUNTEERS</u> 5. Date Of Receipt: <u>08/21/10</u> 6. Vendor Name & Address: <b>RED GINGER</b> <b>237 E FRONT ST</b> <b>TRAVERSE CITY MI 49684</b>	\$ <b>79.84</b>	\$ _____       <a href="#">Click Here for Memo Itemization</a>

Page Subtotal **\$197.08**

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)	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>REFRESHMENTS - VOLUNTEERS</u>  5. Date Of Receipt: <u>08/03/10</u>  6. Vendor Name & Address: <b>OLD CITY HALL</b> <b>814 SAGINAW ST</b> <b>BAY CITY 48708</b>	\$ <u>94.44</u>	\$ <u>1222.18</u>  <a href="#">Click Here for Memo Itemization</a>
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>07/22/10</u>  6. Vendor Name & Address: <b>TOM RYDER FOR COUNTY COMM</b> <b>601 N HAMPTON</b> <b>BAY CITY 48708</b>	\$ <u>100.00</u>	\$ _____  <a href="#">Click Here for Memo Itemization</a>
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>INTERNET USAGE 4 DAYS</u>  5. Date Of Receipt: <u>08/11/10</u>  6. Vendor Name & Address: <b>ORRS KIDS SHOP</b> <b>1188 MAIN ST</b> <b>MACKINAC ISLAND MI</b>	\$ <u>41.20</u>	\$ _____  <a href="#">Click Here for Memo Itemization</a>

Page Subtotal **\$235.64**

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:	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 "TASTE &amp; THEATRICS"</u>  5. Date Of Receipt: <u>09/09/10</u>  6. Vendor Name & Address: <b>STATE THEATRE</b> <b>WASHINGTON AVE</b> <b>BAY CITY 48708</b>	\$ <u>35.00</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>09/16/10</u>  6. Vendor Name & Address: <b>MARK JANER FOR JUDGE</b> <b>1701 MOSHER ST</b> <b>BAY CITY MI 48706</b>	\$ <u>100.00</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>03/13/10</u>  6. Vendor Name & Address: <b>SAGINAW BAY SAILING ASSOC</b> <b>1000 ADAMS ST</b> <b>BAY CITY 48708</b>	\$ <u>30.00</u> \$ _____	

Page Subtotal **\$165.00**

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>	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>	\$ <b>17.60</b>	\$ <b>117.80</b>
If over \$100.00 cumulative, please provide: Occupation:	Description <u>POSTAGE</u>		
Employer Name & Business Address:	5. Date Of Receipt: <u>12/21/10</u>		
	6. Vendor Name & Address: <b>POSTMASTER WASHINGTON AVE BAY CITY 48707</b>		<a href="#">Click Here for Memo Itemization</a>
<input type="checkbox"/> Fund Raiser Contribution			
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>SAME</b>	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>	\$ <b>9.00</b>	\$
If over \$100.00 cumulative, please provide: Occupation:	Description <u>PARKING</u>		
Employer Name & Address:	5. Date Of Receipt: <u>11/14/10</u>		
	6. Vendor Name & Address: <b>CITY OF LANSING PARKING 219 GRAND AVE LANSING MI 48933</b>		<a href="#">Click Here for Memo Itemization</a>
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>SAME</b>	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>	\$ <b>194.31</b>	\$
If over \$100.00 cumulative, please provide: Occupation:	Description <u>DINNER FOR VOLUNTEERS</u>		
Employer Name & Address:	5. Date Of Receipt: <u>12/11/10</u>		
	6. Vendor Name & Address: <b>NINOS FAMILY RESTAURANT 1705 COLUMBUS AVE BAY CITY 48708</b>		<a href="#">Click Here for Memo Itemization</a>
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal **\$220.91**

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>ROTARY INTERNATIONAL NIGHT</u>  5. Date Of Receipt: <u>10/14/10</u>  6. Vendor Name & Address: <b>ROTARY CLUB OF BAY CITY</b> <b>PO BOX 42</b> <b>BAY CITY MI 48707</b>  Click Here for Memo Itemization	\$ <u>65.00</u>	\$ <u>140.00</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>REFRESHMENTS WITH CO OFFICIALS</u>  5. Date Of Receipt: <u>05/18/10</u>  6. Vendor Name & Address: <b>OLD CITY HALL</b> <b>814 SAGINAW ST</b> <b>BAY CITY 48708</b>  Click Here for Memo Itemization	\$ <u>30.53</u>	\$ <u>1228.11</u>
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address:   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 type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description _____  5. Date Of Receipt: _____  6. Vendor Name & Address:   Click Here for Memo Itemization	\$ _____	\$ _____

Page Subtotal **\$95.53**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule) **\$3,229.91**

Enter this total  
on line 6 of Summary  
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**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>SAGINAW AREA DEMOCRATIC CLUB</b>  Address <b>PO BOX 20103 SAGINAW MI 48602</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>DONATION</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/24/10</u> Date	<u>\$ 100.00</u>  Click Here for Memo Itemization Type
Expenditure #2 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>02/05/10</u> Date	<u>\$ 359.91</u>  Memo Itemization Below
Expenditure #3 Name <b>RIVERFRONT GRILL</b>  Address <b>ONE WENONAH PARK PLACE BAY CITY MI 48708</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>VOLUNTEER DINNER</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/05/10</u> Date	<u>\$ (102.53)</u>  (Memo Itemization)
Expenditure #4 Name <b>OLD CITY HALL</b>  Address <b>814 SAGINAW ST BAY CITY MI 48708</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>REFRESHMENTS</u> <i>const</i>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/13/10</u> Date	<u>\$ (14.63)</u>  (Memo Itemization)
Expenditure #5 Name <b>OLD CITY HALL</b>  Address <b>814 SAGINAW ST BAY CITY MI 48708</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>REFRESHMENTS</u> <i>const.</i>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/12/10</u> Date	<u>\$ (53.74)</u>  (Memo Itemization)

Subtotal this page **\$459.91**

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>STEIN HAUS</b>  Address <b>1020 N WATER ST BAY CITY MI 48708</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>REFRESHMENTS</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/17/10</u> Date	<u>\$ (18.76)</u>
Expenditure #2 Name <b>RIVERFRONT GRILL</b>  Address <b>ONE WENONAH PLACE BAY CITY MI 48708</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>REFRESHMENTS</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/19/10</u> Date	<u>\$ (40.85)</u>
Expenditure #3 Name <b>OLD CITY HALL</b>  Address <b>814 SAGINAW ST BAY CITY MI 48708</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>REFRESHMENTS (STAFF)</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/29/09</u> Date	<u>\$ (25.00)</u>
Expenditure #4 Name <b>THE EXCHANGE</b>  Address <b>314 E MICHIGAN AVE LANSING MI</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>REFRESHMENTS CONSTITUENTS</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/27/10</u> Date	<u>\$ (13.99)</u>
Expenditure #5 Name <b>ATRIUM</b>  Address <b>1108 N WATER ST BAY CITY MI 48708</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>LUNCH OFF SHORE WIND</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/18/10</u> Date	<u>\$ (15.46)</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>LUMBER BARONS</b>  Address <b>804 E MIDLAND ST BAY CITY MI 48706</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>LUNCH</u>  (Memo Itemization)  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/27/10</u> Date	<u>\$ (34.95)</u>
Expenditure #2 Name <b>BAY CITY COUNTRY CLUB</b>  Address <b>7255 3 MILE RD BAY CITY MI 48706</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>NATHAN WEIDNER FUNDRAISER</u>  (Memo Itemization)  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/24/10</u> Date	<u>\$ (40.00)</u>
Expenditure #3 Name <b>POSTMASTER</b>  Address <b>1000 WASHINGTON AVE BAY CITY MI 48707</b>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>STAMPS &amp; POSTAGE DUE</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>02/19/10</u> Date	<u>\$ 112.20</u>
Expenditure #4 Name <b>BAY CITY DEMOCRATIC PRESS</b>  Address <b>PO BOX 278 BAY CITY MI 48707</b>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING TICKETS &amp; ENVELOPES</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>02/23/10</u> Date	<u>\$ 202.46</u>
Expenditure #5 Name <b>MAILROOM</b>  Address <b>3075 SHATTUCK SAGINAW MI 48603</b>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>BULK MAILING FOR FR</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>02/23/10</u> Date	<u>\$ 429.43</u>

Subtotal this page **\$744.09**  
Grand Total of all Schedules 1B  
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Enter this total on line 8a of Summary Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 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>03/15/10</u> Date	<u>\$ 459.52</u>  Memo Itemization Below
Expenditure #2 Name <b>STUDIO 23</b>  Address <b>901 N WATER ST BAY CITY MI 48708</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/04/09</u> Date	<u>\$ (50.00)</u>  (Memo Itemization)
Expenditure #3 Name <b>POSTMASTER</b>  Address <b>1000 WASHINGTON AVE BAY CITY MI 48707</b>  <input 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>01/12/10</u> Date	<u>\$ (13.20)</u>  (Memo Itemization)
Expenditure #4 Name <b>LUMBER BARONS &amp; STABLES</b>  Address <b>804 E MIDLAND ST BAY CITY MI 48706</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>REFRESHMENTS</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/29/10</u> Date	<u>\$ (40.00)</u>  (Memo Itemization)
Expenditure #5 Name <b>SAG BAY SAILING ASSOC</b>  Address <b>PO BOX 45 BAY CITY MI 48707</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>AUCTION FUNDRAISER</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/13/10</u> Date	<u>\$ (60.00)</u>  (Memo Itemization)

Subtotal this page **\$459.52**

Grand Total of all Schedules 1B  
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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>OLD CITY HALL</b>  Address <b>814 SAGINAW ST BAY CITY MI 48708</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>REFRESHMENTS/CONSTITUENTS</u>  (Memo Itemization)  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/24/10</u> Date	<u>\$ (10.18)</u>
Expenditure #2 Name <b>ATRIUM</b>  Address <b>1108 N WATER ST BAY CITY MI 48708</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>SOS DELEG - LUNCH</u>  (Memo Itemization)  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/18/10</u> Date	<u>\$ (14.88)</u>
Expenditure #3 Name <b>BAY CITY COUNTRY CLUB</b>  Address <b>7255 S 3 MILE RD BAY CITY MI 48706</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>02/26/10</u> Date	<u>\$ (18.44)</u>
Expenditure #4 Name <b>OLD CITY HALL</b>  Address <b>814 SAGINAW ST BAY CITY MI 48708</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>THANK YOU DINNER VOLUNTEERS</u>  (Memo Itemization)  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/08/09</u> Date	<u>\$ (117.47)</u>
Expenditure #5 Name <b>SBYC</b>  Address <b>2313 WEADOCK RD ESSEXVILLE MI 48732</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>REFRESHMENTS/CONSTITUENTS</u>  (Memo Itemization)  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/02/09</u> Date	<u>\$ (11.77)</u>

Subtotal this page **\$0.00**  
Grand Total of all Schedules 1B  
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Enter this total on line 8a of Summary Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 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>STEIN HAUS</b>  Address <b>1020 N WATER ST BAY CITY MI 48708</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>03/04/10</u> Date	<u>\$ (6.99)</u>
Expenditure #2 Name <b>WIL-LEW</b>  Address <b>3005 MIDLAND RD BAY CITY MI 48706</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>REFRESHMENTS - CONSTITUENTS</u>  (Memo Itemization)  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/01/10</u> Date	<u>\$ (30.83)</u>
Expenditure #3 Name <b>RIVERFRONT GRILLE</b>  Address <b>ONE WENONAH PK PL BAY CITY MI 48708</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>DINNER</u>  (Memo Itemization)  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/09/10</u> Date	<u>\$ (85.76)</u>
Expenditure #4 Name <b>GATSBY'S</b>  Address <b>203 CENTER AVE BAY CITY MI 48708</b>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>ANNUAL FUNDRAISER</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>03/16/10</u> Date	<u>\$ 1109.16</u>
Expenditure #5 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>  Memo Itemization Below  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/12/10</u> Date	<u>\$ 415.63</u>

Subtotal this page **\$1,524.79**  
Grand Total of all Schedules 1B  
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**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>SBYC</b>  Address <b>2313 WEADOCK RD ESSEXVILLE MI 48732</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>FOOD, REFRESH, MSU PARTY</u>  (Memo Itemization)  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/03/10</u> Date	<u>\$ (76.96)</u>
Expenditure #2 Name <b>OLD CITY HALL</b>  Address <b>814 SAGINAW ST BAY CITY MI 48708</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>THANK YOU VOLUNTEER PARTY</u>  (Memo Itemization)  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/09/10</u> Date	<u>\$ (56.91)</u>
Expenditure #3 Name <b>RIVERFRONT GRILLE</b>  Address <b>ONE WENONAH PARK PL BAY CITY MI 48708</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>VOLUNTEER THANK YOU DINNER</u>  (Memo Itemization)  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/03/10</u> Date	<u>\$ (184.76)</u>
Expenditure #4 Name <b>MICH ASSOC OF COUNTIES</b>  Address <b>935 N WASHINGTON AVE LANSING MI 48906</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>RECEPTION</u>  (Memo Itemization)  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/13/10</u> Date	<u>\$ (35.00)</u>
Expenditure #5 Name <b>ST PATS PARADE ASSOC</b>  Address <b>1316 BROADWAY BAY CITY MI 48708</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>AD</u>  (Memo Itemization)  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/23/10</u> Date	<u>\$ (15.00)</u>

Subtotal this page \$0.00  
Grand Total of all Schedules 1B  
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Enter this total on line 8a of Summary Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 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>ANNUAL MEETING</u>  (Memo Itemization)  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/25/10</u> Date	<u>\$ (47.00)</u>
Expenditure #2 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>  (Memo Itemization)  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/01/10</u> Date	<u>\$ 500.00</u>
Expenditure #3 Name <b>COLLEEN MAILLETTE FOR COUNTY COMMISSIONER</b>  Address <b>3123 KIEKWOOD PL 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>10/01/10</u> Date	<u>\$ (100.00)</u>
Expenditure #4 Name <b>DON TILLEY FOR COUNTY COMMISSIONER</b>  Address <b>617 GREEN 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>10/01/10</u> Date	<u>\$ (100.00)</u>
Expenditure #5 Name <b>HARRY GILL FOR CIRCUIT JUDGE</b>  Address <b>306 5TH ST STE B 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>10/01/10</u> Date	<u>\$ (50.00)</u>

Subtotal this page **\$500.00**  
Grand Total of all Schedules 1B  
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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>MAYES FOR STATE SENATE</b>  Address <b>4297 ZANDER DR BAY CITY MI 48706</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN CONTRIBUTION</u>  (Memo Itemization)  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/01/10</u> Date	<u>\$ (250.00)</u>
Expenditure #2 Name <b>SBYC</b>  Address <b>2313 WEADOCK RD ESSEXVILLE MI 48732</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>COUNTY STAFF PARTY</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>12/18/10</u> Date	<u>\$ 545.74</u>
Expenditure #3 Name _____  Address _____  <input type="checkbox"/> Fund Raiser	Purpose: _____  Click Here for Memo Itemization Type  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name _____  Address _____  <input type="checkbox"/> Fund Raiser	Purpose: _____  Click Here for Memo Itemization Type  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name _____  Address _____  <input type="checkbox"/> Fund Raiser	Purpose: _____  Click Here for Memo Itemization Type  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **\$545.74**  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **\$4,234.05**

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>MAYORS SCHOLARSHIP FUND PO BOX 895 PINCONNING MI 48650</b>	Purpose <u>AD IN BOOKLET</u>	<u>04/09/10</u> Date	<u>\$100.00</u>
<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 4821 E WESTGATE BAY CITY MI 48706</b>	Purpose <u>RE-IMBURSEMENT</u>	<u>05/05/10</u> Date	<u>\$430.69</u>
<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>ZIMOSTRAD FOR JUDGE 1105 MAPLE ESSEXVILLE MI 48732</b>	Purpose <u>FUND RAISER</u>	<u>05/05/10</u> Date	<u>\$(100.00)</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	(Memo Itemization)	
Disbursement # 4 Name & Address: <b>BAY REGIONAL FOUNDATION 1900 COLUMBUS AVE BAY CITY MI 48708</b>	Purpose <u>FUND RAISER</u>	<u>04/22/10</u> Date	<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>GO</u> <input type="checkbox"/> Fund Raiser	(Memo Itemization)	

Subtotal this page **\$530.69**

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

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\*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>POSTMASTER</b> <b>1000 WASHINGTON AVE</b> <b>BAY CITY MI 48707</b>	Purpose <b>STAMPS</b>	<b>05/03/10</b> Date (Memo Itemization)	<b>\$(17.60)</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>BO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 2 Name & Address: <b>TAVERN ON SQUARE</b> <b>206 S WASHINGTON SQUARE</b> <b>LANSING MI 48933</b>	Purpose <b>REFRESHMENTS WITH REPS.</b>	<b>04/27/10</b> Date (Memo Itemization)	<b>\$(44.00)</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 # 3 Name & Address: <b>BAY CO LEAGUE OF DEM WOMEN &amp; MEN</b> <b>2341 E BEAVER RD</b> <b>KAWKAWLIN MI 48631</b>	Purpose <b>MEMBERSHIP DUES</b>	<b>05/05/10</b> Date (Memo Itemization)	<b>\$(10.00)</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>MO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 4 Name & Address: <b>JACKS DELI</b> <b>510 3RD ST</b> <b>BAY CITY MI 48708</b>	Purpose <b>LUNCH - BRUNNER</b>	<b>03/15/10</b> Date (Memo Itemization)	<b>\$(7.78)</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		

Subtotal this page **\$0.00**

Grand Total of all Schedules 1C  
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\*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>OLD CITY HALL 814 SAGINAW ST BAY CITY MI 48708</b>	Purpose <b>REFRESHMENTS</b>	<b>03/15/10</b> Date	<b>\$(21.31)</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	(Memo Itemization)	
Disbursement # 2 Name & Address: <b>LISA NUSZKOWSKI FOR SENATE PO BOX 32248 DETROIT MI 48232</b>	Purpose <b>FUND RAISER</b>	<b>05/05/10</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>IO</u> <input type="checkbox"/> Fund Raiser	(Memo Itemization)	
Disbursement # 3 Name & Address: <b>NAACP PO BOX 335 BAY CITY MI 48707</b>	Purpose <b>ANNUAL FREEDOM FUND BANQUET</b>	<b>05/16/10</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>GO</u> <input type="checkbox"/> Fund Raiser	(Memo Itemization)	
Disbursement # 4 Name & Address: <b>NAACP PO BOX 335 BAY CITY MI 48707</b>	Purpose <b>MEMBERSHIP</b>	<b>05/05/10</b> Date	<b>\$(30.00)</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>MO</u> <input type="checkbox"/> Fund Raiser	(Memo Itemization)	

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>BAY COUNTY DEMOCRATIC PARTY</b> <b>2341 E BEAVER RD</b> <b>KAWKAWLIN MI 48631</b>	Purpose <b>ANNUAL FUND RAISER</b>	<b>05/12/10</b> Date (Memo Itemization)	<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>IO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 2 Name & Address: <b>G MENNEN WILLIAMS MACKINAC CELEBRATION</b> <b>MACKINAC ISLAND MI</b>	Purpose <b>FUND RAISER</b>	<b>07/01/10</b> Date Click for Memo Itemization Type	<b>\$135.00</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		
Disbursement # 3 Name & Address: <b>BAY CITY DEMOCRATIC PRESS</b> <b>PO BOX 278</b> <b>BAY CITY MI 48707</b>	Purpose <b>PRINTING</b>	<b>08/17/10</b> Date Click for Memo Itemization Type	<b>\$83.74</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>BO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 4 Name & Address: <b>PUBLIC SECTOR CONSULTANTS</b> <b>600 W ST JOSEPH ST STE 10</b> <b>LANSING MI 48933</b>	Purpose <b>SUMMIT</b>	<b>10/11/10</b> Date Click for Memo Itemization Type	<b>\$65.00</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>LO</u> <input type="checkbox"/> Fund Raiser		

Subtotal this page **\$483.74**

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>BRUNNER FOR STATE REP</b> <b>208 MURPHY ST</b> <b>BAY CITY MI 48706</b>	Purpose <b>FUND RAISER</b>	<b>10/12/10</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>IO</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>12/31/10</b> Date	<b>\$1064.16</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 BRIDGET DIVISION</b> <b>1316 BROADWAY</b> <b>BAY CITY MI 48708</b>	Purpose <b>FUND RAISER</b>	<b>12/20/10</b> Date	<b>\$(150.00)</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>POSTMASTER</b> <b>1000 WASHINGTON AVE</b> <b>BAY CITY MI 48707</b>	Purpose <b>POSTAGE</b>	<b>04/20/10</b> Date	<b>\$(35.20)</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>BO</u> <input type="checkbox"/> Fund Raiser	(Memo Itemization)	

Subtotal this page **\$1,164.16**

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>RIVERFRONT GRILLE ONE WENONAH PARK PL BAY CITY MI 48708</b>	Purpose <b>FOOD REFRESHMENTS-VOLUNTEERS</b>	<b>06/11/10</b> Date (Memo Itemization)	<b>\$(82.04)</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>RED GINGER 237 E FRONT ST TRAVERSE CITY MI 49684</b>	Purpose <b>FOOD REFRESHMENTS - VOLUNTEERS</b>	<b>08/21/10</b> Date (Memo Itemization)	<b>\$(79.84)</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 # 3 Name & Address: <b>OLD CITY HALL 814 SAGINAW ST BAY CITY MI 48708</b>	Purpose <b>REFRESHMENTS-VOLUNTEERS</b>	<b>08/03/10</b> Date (Memo Itemization)	<b>\$(94.44)</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 # 4 Name & Address: <b>TOM RYDER FOR COUNTY COMMISSIONER 601 N HAMPTON BAY CITY MI 48708</b>	Purpose <b>FUND RAISER</b>	<b>07/22/10</b> Date (Memo Itemization)	<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>IO</u> <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>ORR KIDS SHOP</b> <b>1188 MAIN ST</b> <b>MACKINAC ISLAND MI</b>	Purpose <b>INTERNET USAGE 4 DAYS</b>	<b>08/11/10</b> Date (Memo Itemization)	<b>\$(41.20)</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>BO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 2 Name & Address: <b>STATE THEATRE</b> <b>WASHINGTON AVE</b> <b>BAY CITY MI 48708</b>	Purpose <b>FUND RAISER "TASTE &amp; THEATRICALS"</b>	<b>09/09/10</b> Date (Memo Itemization)	<b>\$(35.00)</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 # 3 Name & Address: <b>MARK JANER FOR JUDGE</b> <b>1701 MOSHER ST</b> <b>BAY CITY MI 48706</b>	Purpose <b>FUND RAISER</b>	<b>09/16/10</b> Date (Memo Itemization)	<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>IO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 4 Name & Address: <b>SAGINAW BAY SAILING ASSOC.</b> <b>1000 ADAMS ST</b> <b>BAY CITY MI 48708</b>	Purpose <b>FUND RAISER</b>	<b>03/13/10</b> Date (Memo Itemization)	<b>\$(30.00)</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		

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>POSTMASTER</b> <b>1000 WASHINGTON AVE</b> <b>BAY CITY MI 48707</b>	Purpose <b>POSTAGE</b>	<b>12/21/10</b> Date (Memo Itemization)	<b>\$(17.60)</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>BO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 2 Name & Address: <b>CITY OF LANSING PARKING</b> <b>219 GRAND AVE</b> <b>LANSING MI 48933</b>	Purpose <b>PARKING</b>	<b>11/04/10</b> Date (Memo Itemization)	<b>\$(9.00)</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>NINOS FAMILY RESTARUANT</b> <b>1705 COLUMBUS AVE</b> <b>BAY CITY MI 48708</b>	Purpose <b>DINNER FOR VOLUNTEERS</b>	<b>12/11/10</b> Date (Memo Itemization)	<b>\$(194.31)</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 # 4 Name & Address: <b>ROTARY CLUB OF BAY CITY</b> <b>PO BOX 42</b> <b>BAY CITY MI 48707</b>	Purpose <b>FUND RAISER</b>	<b>10/14/10</b> Date (Memo Itemization)	<b>\$(65.00)</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		

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>OLD CITY HALL 814 SAGINAW ST BAY CITY MI 48708</b>	Purpose <u>REFRESHMENTS WITH OFFICIALS</u>	<u>05/18/10</u> Date (Memo Itemization)	<u>\$(30.53)</u>
<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:	Purpose _____	_____ Date	\$ _____
<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	Click for Memo Itemization Type	
Disbursement # 3 Name & Address:	Purpose _____	_____ Date	\$ _____
<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	Click for Memo Itemization Type	

Subtotal this page **\$0.00**

Grand Total of all Schedules 1C  
(Complete on last page of Schedule) **\$2,178.59**

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>03/16/10</u>	4. Number of Individuals Attending or Participating (whichever is greater)  <p style="text-align: center;">97</p>	5. Type of Fund Raising Activity  COCKTAIL PARTY	6. Address and Name (If any) of the place where the activity was held.  GATSBY'S 203 CENTER AVE. BAY CITY MI 48708 <input type="checkbox"/> Private Residence
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7. Total Contributions \$6,655.00

8. Other Receipts \$0.00

9. Gross Receipts (Add lines 7 and 8) \$6,655.00

10. Total Cost of Event \$1,883.83  
(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.