



**CANDIDATE COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

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

3. This Statement covers From: 07/21/08 to 08/26/08

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

2. Committee Name  
**Tom Hickner for County Executive**

4. Candidate Last Name **Hickner** First Name **Thomas** M.I. **L.**

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

4b. County of Residence **Bay County**

5. Committee's Mailing Address  
**Tom Hickner  
PO Box 403  
Bay City, MI 48707-0403**

Area Code and Phone (989) 667-4125

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address  
**Ken Grzegorzcyk  
2889 Queen Annes Ct.  
Bay City, MI 48706**

Area Code & Phone (989) 684-4985

7. Treasurer's Business Address  
**J & K Income Tax Service  
1604 22nd St.  
Bay City, MI 48708**

Area Code and Phone (989) 892-2563

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)  
**Marie A. Hayes  
114 N. Sheridan St.  
Bay City, MI 48708**

Area Code and Phone (989) 892-3986

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

Primary  General  
 Convention  School  
 Special  Caucus

Date of Election, Convention or Caucus  
08/05/08

9c.  Annual Statement ( \_\_\_\_\_ Coverage Year)

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

9e.  Dissolution of Candidate Committee

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

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

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

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

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

Current Treasurer or Designated Record keeper **Marie A. Hayes** Type or Print Name *Marie A. Hayes* Signature Date 8-30-08

Candidate **Thomas L. Hickner** Type or Print Name *[Signature]* Signature Date 8-30-08

X



**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 checked="" type="checkbox"/> YES      4. Date of Receipt <u>07/23/08</u> Name & Address: Iron Workers Local Union #25 Political Education Committee 3115 Joyce St. Burton MI 48529  5. If over \$100.00 cumulative, please provide: Occupation <u>Iron Workers</u> Employer <u>Labor Union</u> Business Address <u>3115 Joyce St, Burton, MI 48529</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>200.00</u>	\$ _____  <a href="#">Click Here for Memo Itemization</a>
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/03/08</u> Name & Address: Jack & Jeanne Gilbert 3475 Highland Dr. Bay City, MI 48706  5. If over \$100.00 cumulative, please provide: Occupation <u>Physical Therapist</u> Employer <u>Self employed</u> Business Address <u>3475 Highland Dr. Bay City, MI 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <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 _____ Name & Address:     5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ _____	\$ _____  <a href="#">Click Here for Memo Itemization</a>
3. Contribution #4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____ Name & Address:     5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ _____	\$ _____  <a href="#">Click Here for Memo Itemization</a>

Page Subtotal	\$300.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$300.00

Enter this total on line 3a of Summary Page.



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

1. Committee I. D. Number 14074

**CANDIDATE COMMITTEE**

2. Committee Name Tom Hickner for County Executive

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <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>FUNDRAISER</u>  5. Date Of Receipt: <u>04/13/08</u> 6. Vendor Name & Address: <b>STUPAK FOR CONGRESS</b> <b>PO BOX 156</b> <b>MENONIMEE MI 49858</b>	\$ <u>100.00</u> \$ _____	Click Here for Memo Itemization
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>TOM HICKNER</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>FUNDRAISER</u>  5. Date Of Receipt: <u>07/01/08</u> 6. Vendor Name & Address: <b>TILLEY FOR COMMISSIONER</b> <b>617 GREEN AVE</b> <b>BAY CITY MI 48708</b>	\$ <u>20.00</u> \$ _____	Click Here for Memo Itemization
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>TOM HICKNER</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>FUNDRAISER</u>  5. Date Of Receipt: <u>07/14/08</u> 6. Vendor Name & Address: <b>WATSON FOR SUPERVISOR</b> <b>93 RIVER TRAIL</b> <b>BAY CITY MI 48706</b>	\$ <u>20.00</u> \$ _____	Click Here for Memo Itemization

Page Subtotal **\$140.00**

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

Enter this total  
on line 6 of Summary  
Page



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

1. Committee I. D. Number 14074

**CANDIDATE COMMITTEE**

2. Committee Name Tom Hickner for County Executive

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box)	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>TOM HICKNER</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>VOKUNTEER DINNER</u>	\$ <u>57.44</u> \$	
<input type="checkbox"/> Fund Raiser Contribution	5. Date Of Receipt: <u>06/06/08</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>	
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>TOM HICKNER</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>FOOD/REFRESHMENTS FOR VOLUNTEERS</u>	\$ <u>21.24</u> \$	
<input type="checkbox"/> Fund Raiser Contribution	5. Date Of Receipt: <u>06/06/08</u> 6. Vendor Name & Address: <b>RIVERFRONT GRILL</b> <b>1 WENONAH PLACE</b> <b>BAY CITY MI 48708</b>	<a href="#">Click Here for Memo Itemization</a>	
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>TOM HICKNER</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>FOOD - LT GOV CHERRY</u>	\$ <u>32.25</u> \$ <u>53.49</u>	
<input type="checkbox"/> Fund Raiser Contribution	5. Date Of Receipt: <u>06/06/08</u> 6. Vendor Name & Address: <b>RIVERFRONT GRILL</b> <b>1 WENONAH PLACE</b> <b>BAY CITY MI 48708</b>	<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal      \$110.93      \$53.49

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

Enter this total  
on line 6 of Summary  
Page



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

1. Committee I. D. Number 14074

**CANDIDATE COMMITTEE**

2. Committee Name Tom Hickner for County Executive

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box)	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>TOM HICKNER</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>FOOD - FURHMAN GOING AWAY PARTY</u>	\$ <u>30.00</u> \$	
<input type="checkbox"/> Fund Raiser Contribution  Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>TOM HICKNER</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>TRIBUTE TO ROTARY WOMEN DINNER</u>	\$ <u>70.00</u> \$	
<input type="checkbox"/> Fund Raiser Contribution  Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>TOM HICKNER</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>FUNDRAISER</u>	\$ <u>50.00</u> \$	

Page Subtotal **\$150.00**

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

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

**SCHEDULE 1-IK**

1. Committee I. D. Number 14074

**CANDIDATE COMMITTEE**

2. Committee Name Tom Hickner for County Executive

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 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>  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>FOOD REFRESHMENTS/WETTERS/HALSTEAD</u>  5. Date Of Receipt: <u>06/23/08</u> 6. Vendor Name & Address: <b>OLD CITY HALL</b> <b>814 SAGINAW ST</b> <b>BAY CITY MI 48708</b>  Click Here for Memo Itemization	\$ <u>61.69</u>	\$ <u>119.13</u>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>TOM HICKNER</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>FUNDRAISER</u>  5. Date Of Receipt: <u>04/27/08</u> 6. Vendor Name & Address: <b>GRAY FOR TREASURER</b> <b>5009 S FRASER RD</b> <b>BAY CITY MI 48706</b>  Click Here for Memo Itemization	\$ <u>50.00</u>	\$ _____
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>TOM HICKNER</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>FUNDRAISER</u>  5. Date Of Receipt: <u>05/27/08</u> 6. Vendor Name & Address: <b>BAY COUNTY WOMENS CENTER</b> <b>PO BOX 1458</b> <b>BAY CITY MI 48707</b>  Click Here for Memo Itemization	\$ <u>50.00</u>	\$ _____

Page Subtotal	\$161.69	\$119.13
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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>TOM HICKNER</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>FOOD/REFRESHMENTS - TRAXLER</u>  5. Date Of Receipt: <u>05/31/08</u> 6. Vendor Name & Address: <b>THE INN AT STONECLIFF</b> <b>SONECLIFF RD</b> <b>MACKINAW ISLAND MI 49757</b>	\$ <u>77.61</u> \$ _____	Click Here for Memo Itemization
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>TOM HICKNER</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>FOOD/REFRESHMENTS - TRAXLER</u>  5. Date Of Receipt: <u>05/30/08</u> 6. Vendor Name & Address: <b>GRAND HOTEL</b> <b>PO BOX 286</b> <b>MACKINAW ISLAND MI 49757</b>	\$ <u>65.24</u> \$ _____	Click Here for Memo Itemization
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>TOM HICKNER</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>LODGING FOR PELL TRIBUTE</u>  5. Date Of Receipt: <u>02/15/08</u> 6. Vendor Name & Address: <b>LANSING COURTYARD</b> <b>2710 LAKE LANSING RD</b> <b>LANSING MI 49757</b>	\$ <u>69.55</u> \$ _____	Click Here for Memo Itemization

Fund Raiser Contribution

Fund Raiser Contribution

Fund Raiser Contribution

Page Subtotal **\$212.40**

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>TOM HICKNER</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>POSTAGE</u>  5. Date Of Receipt: <u>05/28/08</u> 6. Vendor Name & Address: <b>POSTMASTER</b> <b>1000 WASHINGTON AVE</b> <b>BAY CITY MI 48707</b>	\$ <u>8.40</u> \$ _____	
<input type="checkbox"/> Fund Raiser Contribution			
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>TOM HICKNER</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>FOOD/REFRESHMENTS MEA/MAYES</u>  5. Date Of Receipt: <u>04/17/08</u> 6. Vendor Name & Address: <b>OLD CITY HALL</b> <b>814 SAGINAW ST</b> <b>BAY CITY MI 48708</b>	\$ <u>56.90</u> \$ <u>176.03</u>	
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes 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 type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description _____  5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____      \$ _____	
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal    **\$65.30**      **\$176.03**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)    **\$840.32**

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>Postmaster</b>  Address <b>1000 Washington Ave. Bay City, MI 48707</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Box rent</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/09/08</u> Date	\$ <u>21.00</u>
Expenditure #2 Name _____  Address _____  <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name _____  Address _____  <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name _____  Address _____  <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name _____  Address _____  <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **\$21.00**  
Grand Total of all Schedules 1B (Complete on last page of Schedule) **\$21.00**

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>TOM HICKNER</b> <b>4821 E WESTGATE</b> <b>BAY CITY MI 48706</b>	Purpose <u>RE-IMBURSEMENT</u>	<u>07/23/08</u> Date	<u>\$840.32</u>
Memo Itemization Below			
<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		
Disbursement # 2 Name & Address: <b>STUPAK FOR CONGRESS</b> <b>PO BOX 156</b> <b>MENOMINEE MI 49858</b>	Purpose <u>FUNDRAISER</u>	<u>04/13/08</u> Date	<u>\$(100.00)</u>
(Memo Itemization)			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>IO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 3 Name & Address: <b>TILLEY FOR COMMISSIONER</b> <b>617 GREEN AVE</b> <b>BAY CITY MI 48708</b>	Purpose <u>FUNDRAISER</u>	<u>07/01/08</u> Date	<u>\$(20.00)</u>
(Memo Itemization)			
<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>WATSON FOR SUPERVISOR</b> <b>93 RIVER TRAIL</b> <b>BAY CITY MI 48706</b>	Purpose <u>FUNDRAISER</u>	<u>7-14-08</u> Date	<u>\$(20.00)</u>
(Memo Itemization)			
<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 **\$840.32**

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 <b>VOLUNTEER DINNER (HAYES)</b>	<b>06/06/08</b> Date (Memo Itemization)	<b>\$(57.44)</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 # 2 Name & Address: <b>RIVERFRONT GRILL 1 WENONAH PLACE BAY CITY MI 48708</b>	Purpose <b>VOLUNTEER REFRESHMENTS</b>	<b>06/06/08</b> Date (Memo Itemization)	<b>\$(21.24)</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>RIVERFRONT GRILL 1 WENONAH PLACE BAY CITY MI 48708</b>	Purpose <b>LUNCH W/LT. GOV. JOHN CHERRY</b>	<b>06/06/08</b> Date (Memo Itemization)	<b>\$(32.25)</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>PANDA HOUSE 1010 N NIAGARA SAGINAW MI 48602</b>	Purpose <b>GOING AWAY PARTY (FURHMAN)</b>	<b>06/09/08</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>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>ROTARY</b> <b>PO BOX 42</b> <b>BAY CITY MI 48707</b>	Purpose <b>TRIBUTE TO ROTARY WOMEN</b>	<b>05/03/08</b> Date (Memo Itemization)	<b>\$(70.00)</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 # 2 Name & Address: <b>ALL SAINTS</b> <b>820 S POWELL</b> <b>ESSEXVILLE MI 48732</b>	Purpose <b>FUNDRAISER</b>	<b>07/15/08</b> Date (Memo Itemization)	<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>IO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 3 Name & Address: <b>OLD CITY HALL</b> <b>814 SAGINAW ST</b> <b>BAY CITY MI 48708</b>	Purpose <b>WETTERS/HALSTEAD REFRESHMENTS</b>	<b>06/23/08</b> Date (Memo Itemization)	<b>\$(61.69)</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>GRAY FOR TREASURER</b> <b>5009 S FRASER RD</b> <b>BAY CITY MI 48706</b>	Purpose <b>FUNDRAISER</b>	<b>4-27-08</b> Date (Memo Itemization)	<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>IO</u> <input type="checkbox"/> Fund Raiser		
Subtotal this page			<b>\$0.00</b>
Grand Total of all Schedules 1C (Complete on last page of Schedule)			

Enter this total on line 10a of Summary Page

\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

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



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

1. Committee I. D. Number 14074  
2. Committee Name Tom Hickner for County Executive

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: <b>BAY COUNTY WOMENS CENTER PO BOX 1458 BAY CITY MI 48707</b>  <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <b>FUNDRAISER</b>  Disbursement Code <u>IO</u> <input type="checkbox"/> Fund Raiser	<u>05/27/08</u> Date (Memo Itemization)	<u>\$(50.00)</u>
Disbursement # 2 Name & Address: <b>THE INN AT STONECLIFF STONECLIFF RD MACKINAW ISLAND</b>  <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <b>TRAXLER DINNER</b>  Disbursement Code <u>FO</u> <input type="checkbox"/> Fund Raiser	<u>05/31/08</u> Date (Memo Itemization)	<u>\$(77.61)</u>
Disbursement # 3 Name & Address: <b>GRAND HOTEL PO BOX 286 MACKINAW ISLAND 49757</b>  <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <b>FOOD/REFRESHMENTS</b>  Disbursement Code <u>FO</u> <input type="checkbox"/> Fund Raiser	<u>05/30/08</u> Date (Memo Itemization)	<u>\$(65.24)</u>
Disbursement # 4 Name & Address: <b>LANSING COURTYARD 2710 LAKE LANSING RD LANSING MI 49757</b>  <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <b>PELL TRIBUTE</b>  Disbursement Code <u>FO</u> <input type="checkbox"/> Fund Raiser	<u>02/15/08</u> Date (Memo Itemization)	<u>\$(69.55)</u>
			Subtotal this page <b>\$0.00</b>
			Grand Total of all Schedules 1C (Complete on last page of Schedule)

Enter this total on line 10a of Summary Page

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



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

1. Committee I. D. Number 14074  
2. Committee Name Tom Hickner for County Executive

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: <b>POSTMASTER 1000 WASHINGTON AVE BAY CITY MI 48707</b>  <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <b>POSTAGE</b>  Disbursement Code <u>AO</u> <input type="checkbox"/> Fund Raiser	<u>05/28/08</u> Date (Memo Itemization)	<u>\$(8.40)</u>
Disbursement # 2 Name & Address: <b>OLD CITY HALL 814 SAGINAW ST BAY CITY MI 48708</b>  <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <b>MEA/MAYES FOOD/REFRESHMENTS</b>  Disbursement Code <u>FO</u> <input type="checkbox"/> Fund Raiser	<u>04/17/08</u> Date (Memo Itemization)	<u>\$(56.90)</u>
Disbursement # 3 Name & Address: <b>BAY CITY DEMOCRAT PRESS 309 9TH ST BAY CITY MI 48708</b>  <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <b>TICKET PRINTING BLOOPERBALL TOUR.</b>  Disbursement Code <u>KO</u> <input type="checkbox"/> Fund Raiser	<u>07/30/08</u> Date Click for Memo Itemization Type	<u>\$111.83</u>
Disbursement # 4 Name & Address:     <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose     Disbursement Code _____ <input type="checkbox"/> Fund Raiser	_____ Date Click for Memo Itemization Type	\$ _____

Subtotal this page **\$111.83**  
Grand Total of all Schedules 1C (Complete on last page of Schedule) **\$952.15**

Enter this total on line 10a of Summary Page

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