



1. Committee I.D. Number 150309

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Cynthia A. Luczak Your County Clerk

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ _____	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>0.00</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1297.60</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>1297.60</u>	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>2400.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>6707.02</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>0.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>6707.02</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1297.60</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>5409.42</u>	



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150309
2. Committee Name Cynthia A. Luczak Your County Clerk

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Northwest Little League Baseball Address c/o 3976 Peppermill Lane Bay City, Michigan 48706 <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>03/13/09</u> Date	<u>\$ 100.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name Knights of Columbus Address <i>c/o 540 E. Mt. Forest Rd. Pinconning, MI 48650</i> Pinconning, Michigan 48650 <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>03/16/09</u> Date	<u>\$ 100.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name Mayor Scholarship Fund Address P.O. Box 556 Pinconning, Michigan 48650 <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>04/20/09</u> Date	<u>\$ 35.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name Catherine Reder, Attorney Address 916 Washington Ave, Suite 301 Bay City, Michigan 48708 <input type="checkbox"/> Fund Raiser	Purpose: <u>Law Day Lunch</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/20/09</u> Date	<u>\$ 16.00</u> Click Here for Memo Itemization Type
Expenditure #5 Name Board-Up Mid-Michigan Address c/o 3376 Patterson Road Bay City, Michigan 48706 <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>03/23/09</u> Date	<u>\$ 100.00</u> Click Here for Memo Itemization Type

Subtotal this page **\$351.00**
 Grand Total of all Schedules 1B
 (Complete on last page of Schedule) **\$351.00**
 Enter this total on line 8a of Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150309
2. Committee Name Cynthia A. Luczak Your County Clerk

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Bay County Democratic Party Address P.O. Box 556 Pinconning, Michigan 48650 <input type="checkbox"/> Fund Raiser	Purpose: <u>Spring Fling Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/27/09</u> Date	<u>\$ 100.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name Bay Co. Genealogical Society Address P.O. Box 1366 Bay City, Michigan 48706 <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>05/13/09</u> Date	<u>\$ 40.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name Gordon Food Service Address 3730 E. Wilder Road Bay City, Michigan 48706 <input type="checkbox"/> Fund Raiser	Purpose: <u>Autism Benefit</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/29/09</u> Date	<u>\$ 65.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name A Whole Lot of People Supporting John Cherry Address P.O. Box 18189 Lansing, Michigan 48901 <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>06/03/09</u> Date	<u>\$ 50.00</u> Click Here for Memo Itemization Type
Expenditure #5 Name Arenac County Fair Address 120 N. Grove, P.O. Box 747 Standish, Michigan 48658 <input type="checkbox"/> Fund Raiser	Purpose: <u>Fair Trophy</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/17/09</u> Date	<u>\$ 20.00</u> Click Here for Memo Itemization Type

Subtotal this page **\$275.00**
 Grand Total of all Schedules 1B
 (Complete on last page of Schedule) **\$275.00**

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150309
2. Committee Name Cynthia A. Luczak Your County Clerk

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Bay County Young Dems Address 1105 Bouker Road Munger, Michigan 48747 <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>07/15/09</u> Date	<u>\$ 20.00</u>
Expenditure #2 Name Relay for Life Address c/o 524 Handy Drive Bay City, Michigan 48706 <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>07/14/09</u> Date	<u>\$ 70.00</u>
Expenditure #3 Name Bay Area Community Foundation Address P.O. Box 856 Pinconning, Michigan 48650 <input type="checkbox"/> Fund Raiser	Purpose: <u>Golf Outing Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/30/09</u> Date	<u>\$ 75.00</u>
Expenditure #4 Name John Glenn High School Address 3285 Kiesel Street Bay City, Michigan 48706 <input type="checkbox"/> Fund Raiser	Purpose: <u>Ad in Program</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/16/09</u> Date	<u>\$ 25.00</u>
Expenditure #5 Name Bay Co. Hockey Association Address 1600 Shrestha Drive Bay City, Michigan 48706 <input type="checkbox"/> Fund Raiser	Purpose: <u>Ad in Program</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/30/09</u> Date	<u>\$ 25.00</u>

Subtotal this page **\$215.00**
 Grand Total of all Schedules 1B
 (Complete on last page of Schedule) **\$215.00**
 Enter this total on line 8a of Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150309
2. Committee Name Cynthia A. Luczak Your County Clerk

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Bay Co. Democratic Party Address P.O. Box 556 Pinconning, Michigan 48650 <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>12/01/09</u> Date	<u>\$ 30.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name Sweet Boutique Address 816 Washington Ave. Bay City, Michigan 48708 <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation/Prizes</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/18/09</u> Date	<u>\$ 291.60</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>bay city Independents</u> Address <u>410 3339 Old Hawkawlin Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Ad in Program</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/9/09</u> Date	<u>\$ 50.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>sweet boutique</u> Address <u>816 Washington Ave. Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Prize for ARC fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/1/09</u> Date	<u>\$ 50.00</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>Staples</u> Address <u>Wilder Road Bay City, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Misc expenses for supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/1/09</u> Date	<u>\$ 35.00</u> Click Here for Memo Itemization Type

Subtotal this page 456.60
 Grand Total of all Schedules 1B (Complete on last page of Schedule) 456.60
 Enter this total on line 8a of Summary Page



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

1. Committee I.D. Number 150309
2. Committee Name Cynthia Luczak for County Clerk

This Schedule Itemizes:

a. Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by: <u>Cynthia A. Luczak</u> <u>808 Frost Drive</u> <u>Bay City, Michigan 48706</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>Loan</u> Code <u>LN</u> 5. Date Debt Was Incurred: <u>6/30/2003</u> 6. Original Amount of Debt: <u>\$ 500.00</u>	/ / \$ / / \$ / / \$ / / \$	\$ <u>-0-</u>	\$ _____ <input type="checkbox"/> FORGIVEN

If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

Debt #2 Owed to or by: <u>Cynthia A. Luczak</u> <u>808 Frost Drive</u> <u>Bay City, Michigan 48706</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>Loan</u> Code <u>LN</u> 5. Date Debt Was Incurred: <u>8/1/2003</u> 6. Original Amount of Debt: <u>\$ 200.00</u>	/ / \$ / / \$ / / \$ / / \$	\$ <u>-0-</u>	\$ _____ <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

Debt #3 Owed to or by: <u>Cynthia A. Luczak</u> <u>808 Frost Drive</u> <u>Bay City, Michigan 48706</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>Loan</u> Code <u>LN</u> 5. Date Debt Was Incurred: <u>8/8/2003</u> 6. Original Amount of Debt: <u>\$ 200.00</u>	/ / \$ / / \$ / / \$ / / \$	\$ <u>-0-</u>	\$ _____ <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

900.00

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 150309

2. Committee Name Cynthia A. Luczak for County Clerk

This Schedule itemizes:

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(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus item 8)
Debt #1 Owed to or by: <input type="checkbox"/> Corp? Yes <u>Cynthia A. Luczak</u> <u>808 Frost Drive</u> <u>Bay City, MI 48706</u>	4. Type: <u>Loan</u> Code <u>LN</u> 5. Date Debt Was Incurred <u>8-15-2003</u> 6. Original Amount of Debt <u>\$ 300.00</u>	<u> / / \$</u> <u> / / \$</u> <u> / / \$</u> <u> / / \$</u>	-0-	<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: <input type="checkbox"/> Corp? Yes <u>Cynthia A. Luczak</u> <u>808 Frost Drive</u> <u>Bay City, MI 48706</u>	4. Type: <u>Loan</u> Code <u>LN</u> 5. Date Debt Was Incurred <u>8-27-2003</u> 6. Original Amount of Debt <u>\$ 200.00</u>	<u> / / \$</u> <u> / / \$</u> <u> / / \$</u> <u> / / \$</u>	-0-	<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: <input type="checkbox"/> Corp? Yes <u>Cynthia A. Luczak</u> <u>808 Frost Drive</u> <u>Bay City, MI 48706</u>	4. Type: <u>Loan</u> Code <u>LN</u> 5. Date Debt Was Incurred <u>7-19-2006</u> 6. Original Amount of Debt <u>\$ 1,000.00</u>	<u> / / \$</u> <u> / / \$</u> <u> / / \$</u> <u> / / \$</u>		<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) 1,500.00
 Grand Total of all Schedules 1E 2,400.00
 (Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.