



Jan 26 9 51 AM '09

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: 1 1 09 to 12 31 09
Mo Day Year Mo Day Year

1. Committee I.D. Number
150027
2. Committee Name
John E. Miller for Sheriff

4. Candidate Last Name Miller First Name John M.I. E.
4a. Office Sought Including District # or Community Served (If applicable)
Bay County Sheriff
4b. County of Residence
Bay

5. Committee's Mailing Address
3064 Beaver Rd.
Bay City, MI 48706
Area Code and Phone 989-686-0793
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
Jodie L. Scott
3064 Beaver Rd, Bay City MI 48706
Area Code & Phone (989) 686-0793

7. Treasurer's Business Address
3064 Beaver Rd.
Bay City, MI 48706
Area Code and Phone (989) 686-0793

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
Area Code and Phone ()

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

Month Day Year

9c. Annual Statement (2009 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

Month Day Year
By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement 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 Jodie L. Scott , Jodie L. Scott Date 1 20 09
Type or Print Name Signature Mo Day Year
Candidate John E. Miller , J E Miller Date 1 26 09
Type or Print Name Signature Mo Day Year

X



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

1. Committee I.D. Number 150027
2. Committee Name John E. Miller For Sheriff

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u> </u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u> </u>	(18.) \$ <u> </u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u> </u>	(19.) \$ <u> </u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u> </u>	(20.) \$ <u> </u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u> </u>	(21.) \$ <u> </u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u> </u>	(22.) \$ <u> </u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1575.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u> </u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u> </u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>1575.00</u>	(23.) \$ <u> </u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u> </u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u> </u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u> </u>	(24.) \$ <u> </u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u> </u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u> </u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>9415.68</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u> </u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>9415.68</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1575.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>7840.68</u>	

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold. All required schedules must be included with this statement. *If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 150027
2. Committee Name John E. Miller for Sheriff

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>UAW 362 Retirees</u> Address <u>4427 E. Wilder Rd.</u> <u>Bay City, MI 48702</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> Expenditure Code <u>PP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/1</u> <u>12/1</u>	<u>100.00</u> <u>100.00</u>
Expenditure #2 Name <u>St. Stanislaus Athletic Club</u> Address <u>PO Box 604</u> <u>Bay City, MI 48707</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> Expenditure Code <u>PP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/1</u>	<u>100.00</u>
Expenditure #3 Name <u>Whitetails Unlimited</u> Address <u>PO Box 720</u> <u>Sturgeon Bay, WI 54235</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> Expenditure Code <u>TP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1/30</u>	<u>200.00</u>
Expenditure #4 Name <u>RLM Conference</u> Address <u>314 S. Jackson</u> <u>Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> Expenditure Code <u>PP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1/30</u>	<u>75.00</u>
Expenditure #5 Name <u>Bay Midland Pheasants Forever</u> Address <u>PO Box 23</u> <u>Auburn, MI 48611</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> Expenditure Code <u>TP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2/1</u> <u>2/1</u>	<u>200.00</u> <u>100.00</u>

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

875.00

Enter this total
on line 8a of
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 150027
2. Committee Name John E. Miller for Sheriff

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>National Association for Physically Handicapped</u> Address <u>2177 E. Erickson Rd. Pinconning, MI 48650</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> Expenditure Code <u>PP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/3</u>	<u>25.00</u>
Expenditure #2 Name <u>Friends of Brian Elder</u> Address <u>915 Fifth St. Bay City, MI 48704</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>TP</u> Expenditure Code <u>TC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/3</u> <u>8/27</u>	<u>35.00</u> <u>100.00</u>
Expenditure #3 Name <u>St. Patrick's Parade Assoc.</u> Address <u>1316 Broadway Bay City, MI 48707</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> Expenditure Code <u>PP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/17</u>	<u>55.00</u>
Expenditure #4 Name <u>Bay County Democratic Party</u> Address <u>PO Box 556 Pinconning, MI 48650</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Dues</u> Expenditure Code <u>PP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/23</u>	<u>100.00</u>
Expenditure #5 Name <u>People for Cherry</u> Address <u>PO Box 18189 Lansing, MI 48901</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>ticket purchase</u> Expenditure Code <u>TP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/10</u>	<u>100.00</u>

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

415.00

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 150027
2. Committee Name John E. Miller for Sheriff

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Bay County 4H Livestock</u> Address <u>800 Livingston</u> <u>Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> Expenditure Code <u>CC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/15</u>	<u>160.00</u>
Expenditure #2 Name <u>John Glenn Drama</u> Address <u>3201 Kiesel Rd</u> <u>Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Ad</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/19</u>	<u>25.00</u>
Expenditure #3 Name <u>All of Bay County</u> Address <u>709 Columbus</u> <u>Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> Expenditure Code <u>PP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/23</u>	<u>100.00</u>
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

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

285.00
1575.00

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES