



**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: 07/21/2008 To: 08/25/2008  
Mo Day Year Mo Day Year

1. Committee I.D. Number  
150006-1

2. Committee Name  
Committee to Elect Poirier Commissioner

4. Candidate Last Name First Name M.I.  
Poirier Dennis

4a. Office Sought Including District # or Community Served (If applicable)  
9th Dist Bay Co

4b. County of Residence Driver License # (Optional)  
BAY

5. Committee's Mailing Address  
1265 Orchard Rd  
Essexville MI 48732  
Area Code and Phone (989) 895-8857

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  
Dennis Poirier  
1265 Orchard Rd  
Essexville MI 48732  
Area code & Phone (989) 895-8857  
Driver License # (Optional)

7. Treasurer's Business Address  
Area Code and Phone

8. Designated Recordkeeper's Name and Mailing Address (If the committee has a Designated Recordkeeper)  
Dennis Poirier  
1265 Orchard Rd  
Essexville MI 48732  
Area Code and Phone (989) 895-8857  
Driver License # (Optional)

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  
08/05/2008  
Month Day Year

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  
\_\_\_\_\_  
Mon Day Year

By checking this item, I 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 can not be waived.**

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

Current Treasurer or Designated Recordkeeper Dennis Poirier Signature Dennis R. Poirier Date 9 3 08  
Type or Print Name Signature Mo Day Year

Candidate Dennis Poirier Signature Dennis R. Poirier Date 9 3 08  
Type or Print Name Signature Mo Day Year

Authority granted under P.A. 388 of 1976



**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>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>0.00</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>0.00</u>	(18.) \$ <u>2547.97</u>
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>	<b>(4.) \$ <u>100.00</u></b>	<b>(19.) \$ <u>100.00</u></b>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	<b>(5.) \$ <u>100.00</u></b>	<b>(20.) \$ <u>2647.97</u></b>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>	<b>(6.) \$ <u>0.00</u></b>	<b>(21.) \$ <u>0.00</u></b>
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>	<b>(7.) \$ <u>0.00</u></b>	<b>(22.) \$ <u>0.00</u></b>
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>100.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	<b>(9.) \$ <u>100.00</u></b>	<b>(23.) \$ <u>2734.45</u></b>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
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>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	<b>(11.) \$ <u>0.00</u></b>	<b>(24.) \$ <u>0.00</u></b>
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed <b>by</b> the Committee (Schedule 1E)	(12a.) \$ <u>935.93</u>	
b. Owed <b>to</b> 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>321.84</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + <u>100.00</u>	
	(15.) = <u>421.84</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>100.00</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>321.84</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.



**ITEMIZED OTHER RECEIPTS  
SCHEDULE 1A-1  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150006-1

2. Committee Name Committee to Elect Poirier Commissioner

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt # 1 Name: Charter Township of Hampton  Address: 801 West Center Ave Rd  Essexville MI 48732	Date of Receipt <u>08/21/2008</u>   <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Refund \ Rebate <input type="checkbox"/> Other (Specify) Refund deposit on hall rental	100.00

Page Subtotal	100.00
Grand Total of All Schedules 1A-1 (Complete on last page of Schedule)	100.00

Enter this total on  
line 4 of Summary  
Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150006-1  
2. Committee Name Committee to Elect Poirier Commissioner

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: Dennis Poirier  Address: 1265 Orchard Rd  Essexville                  MI 48732  <input type="checkbox"/> Fund Raiser	Purpose: <u>loan repay</u>  Expenditure Code <u>LO</u>  <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/25/2008	100.00

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

100.00
100.00

Enter this total on line 8a of Summary Page



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

1. Committee I.D. Number 150006-1

2. Committee Name Committee to Elect Poirier Commissioner

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 Corp? <input type="checkbox"/> Yes Owed to or by: Dennis Poirier  1265 Orchard Rd  _____  Essexville MI 48732	4. Type: <u>loan from candidate</u> Code _____ 5. <u>Date Debt Was Incurred:</u> <u>05/16/2008</u> 6. <u>Original Amount of Debt:</u> \$ <u>100.00</u>	<u>08/25/2008</u> \$ <u>100.00</u> _____ \$ _____ _____ \$ _____ _____ \$ _____	100.00	0.00  <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt # 2 Corp? <input type="checkbox"/> Yes Owed to or by: Dennis Poirier  1265 Orchard Rd  _____  Essexville MI 48732	4. Type: <u>signs pd by candidate</u> Code _____ 5. <u>Date Debt Was Incurred:</u> <u>07/08/2008</u> 6. <u>Original Amount of Debt:</u> \$ <u>435.93</u>	_____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	0.00	435.93  <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt # 3 Corp? <input type="checkbox"/> Yes Owed to or by: Dennis Poirier  1265 Orchard Rd  _____  Essexville MI 48732	4. Type: <u>loan from candidate</u> Code _____ 5. <u>Date Debt Was Incurred:</u> <u>07/18/2008</u> 6. <u>Original Amount of Debt:</u> \$ <u>500.00</u>	_____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	0.00	500.00  <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

935.93

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

935.93

**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.

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