



**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: 01/01/2008 To: 07/20/2008
Mo Day Year Mo Day Year

4. Candidate Last Name: Poirier First Name: Dennis M.I.:
 4a. Office Sought Including District # or Community Served (If applicable):
9th Dist Bay Co
 4b. County of Residence: BAY Driver License # (Optional):

6. Treasurer's Name & Residential Address:
Dennis Poirier
1265 Orchard Rd
Essexville MI 48732
 Area code & Phone: (989) 895-8857
 Driver License # (Optional):

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):

1. Committee I.D. Number
150006-1

2. Committee Name
Committee to Elect Poirier Commissioner

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.

7. Treasurer's Business Address
 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
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 Type or Print Name
 Signature: Dennis R. Poirier Date: 7 25 08
Mo Day Year

Candidate: Dennis Poirier Type or Print Name
 Signature: Dennis R. Poirier Date: 7 25 08
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
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>2501.93</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>0.00</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>2501.93</u>	(18.) \$ <u>2547.97</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>2501.93</u>	(20.) \$ <u>2547.97</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>2392.35</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>15.60</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>2407.95</u>	(23.) \$ <u>2634.45</u>
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.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>1035.93</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>227.86</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + <u>2501.93</u>	
	(15.) = <u>2729.79</u>	
15. SUBTOTAL Add Lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - <u>2407.95</u>	
17. ENDING BALANCE (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 CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>1</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/16/2008</u> Name: Dennis Poirier Address: 1265 Orchard 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 checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	100.00
3. Contribution # <u>2</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: Rick Ahlberg Address: 950 Cecilia 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	12.50	12.50
3. Contribution # <u>3</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: Ken Ayotte Address: 6384 Golf Pointe 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	25.00	25.00
3. Contribution # <u>4</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: Dennis Banaszak Address: 617 14th 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	15.00	15.00
Page Subtotal	152.50	
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 150006-1

2. Committee Name Committee to Elect Poirier Commissioner

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>5</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>Rollen Becker</u> Address: <u>2958 Imperial</u> <u>Bay City MI 48706</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	25.00	25.00
3. Contribution # <u>6</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>Norbert Begick</u> Address: <u>6242 3 Mile Rd</u> <u>Bay City MI 48708</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	25.00	25.00
3. Contribution # <u>7</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>Paul Begick</u> Address: <u>5852 S 4 Mile Rd</u> <u>Bay City MI 48706</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	12.50	12.50
3. Contribution # <u>8</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>Nathan Bickel</u> Address: <u>715 S Sheridan St</u> <u>Bay City MI 48708</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	12.50	12.50
Page Subtotal	75.00	
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 150006-1

2. Committee Name Committee to Elect Poirier Commissioner

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>9</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>Robert Bloenk</u> Address: <u>231 Jennison Place</u> <u>Bay City MI 48708</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	12.50	12.50
3. Contribution # <u>10</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>Jan Boon</u> Address: <u>2112 Sixth St</u> <u>Bay City MI 48706</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	12.50	12.50
3. Contribution # <u>11</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>Earl Bovia</u> Address: <u>4526 Mocasa Court</u> <u>Bay City MI 48706</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	12.50	12.50
3. Contribution # <u>12</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>Ariene Bush</u> Address: <u>2100 Eleventh St</u> <u>Bay City MI 48708</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	12.50	12.50
Page Subtotal	50.00	
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 150006-1
2. Committee Name Committee to Elect Poirier Commissioner

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>13</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: Laurie Bush Address: 1402 Helen 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	25.00	25.00
3. Contribution # <u>14</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: James Clare Address: 1822 Filmore 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	15.00	15.00
3. Contribution # <u>15</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: Jerry Cole Address: 2309 Gysin Court 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	17.50	17.50
3. Contribution # <u>16</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: Jim Collins Address: 6523 Stroebel Saginaw MI 48609 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	12.50	12.50
Page Subtotal	70.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

Enter this total on
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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 150006-1

2. Committee Name Committee to Elect Poirier Commissioner

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3. Contribution # <u>17</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>Joseph Davis</u> Address: <u>909 N Wenona</u> <u>Bay City MI 48706</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	25.00	25.00
3. Contribution # <u>18</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>David Duyck</u> Address: <u>969 Arms Rd</u> <u>Essexville MI 48732</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	37.50	37.50
3. Contribution # <u>19</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>Gene Engerer</u> Address: <u>1401 Delta Rd</u> <u>Bay City MI 48706</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	10.00	10.00
3. Contribution # <u>20</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>Chad Fournier</u> Address: <u>45 State Park Drive</u> <u>Bay City MI 48706</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	25.00	25.00
Page Subtotal	97.50	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

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3. Contribution # <u>21</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>Chuck Frantz</u> Address: <u>162 Bay Shore Dr</u> <u>Bay City MI 48706</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	12.50	12.50
3. Contribution # <u>22</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>Don Good</u> Address: <u>714 Webb Dr</u> <u>Bay City MI 48706</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	12.50	12.50
3. Contribution # <u>23</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>Joel Gougeon</u> Address: <u>241 Donahue Bch Rd</u> <u>Bay city MI 48706</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	50.00	50.00
3. Contribution # <u>24</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>Jason Gower</u> Address: <u>4630 Flajole</u> <u>Midland MI 48642</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	50.00	50.00
Page Subtotal	125.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 150006-1

2. Committee Name Committee to Elect Poirier Commissioner

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3. Contribution # <u>25</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>Joseph Gwizdala III</u> Address: <u>1354 N Union</u> <u>Bay City MI 48706</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	25.00	25.00
3. Contribution # <u>26</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>Bill Herrera</u> Address: <u>522 N Madison</u> <u>Bay City MI 48708</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	25.00	25.00
3. Contribution # <u>27</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>Brad Huggins</u> Address: <u>1827 Morin Dr</u> <u>Bay City MI 48708</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	8.50	8.50
3. Contribution # <u>28</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>Michael Jamrog</u> Address: <u>4554 Eastwood Dr</u> <u>Auburn MI 48611</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	12.50	12.50
Page Subtotal	71.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
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1. Committee I.D. Number 150006-1

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3. Contribution # <u>29</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>Terrance Kelly</u> Address: <u>164 Bay Shore Dr</u> <u>Bay City MI 48706</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	25.00	25.00
3. Contribution # <u>30</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>William LaMere</u> Address: <u>2722 S Westgate</u> <u>Bay City MI 48706</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	25.00	25.00
3. Contribution # <u>31</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>Matthew Lance</u> Address: <u>306 S Johnson</u> <u>Bay City MI 48708</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	12.50	12.50
3. Contribution # <u>32</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>Keith Markstrom</u> Address: <u>1383 N Jones</u> <u>Essexville MI 48732</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	25.00	25.00
Page Subtotal	87.50	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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CANDIDATE COMMITTEE**

1. Committee I.D. Number 150006-1

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Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>33</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: Elaine McPhail Address: 2567 1/2 E Hotchkiss 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	12.50	12.50
3. Contribution # <u>34</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: Ivan Miller Address: 1251 W Hampton 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	50.00	50.00
3. Contribution # <u>35</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: Kurt Miller Address: 5030 Two Mile 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	12.50	12.50
3. Contribution # <u>36</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: William Miller Address: 1642 Townline Rd Auburn MI 48611 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	12.50	12.50
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	87.50	

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150006-1

2. Committee Name Committee to Elect Poirier Commissioner

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor. (Through date of receipt)
3. Contribution # <u>37</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>Michael Myers</u> Address: <u>2163 Matthew Dr</u> <u>Bay City MI 48706</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	25.00	25.00
3. Contribution # <u>38</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>Marvin Neumeyer</u> Address: <u>2217 E Hotchkiss</u> <u>Bay City MI 48706</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	12.50	12.50
3. Contribution # <u>39</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>Barry Neview</u> Address: <u>3810 Ridgemont</u> <u>Shreveport LA 71108</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	25.00	25.00
3. Contribution # <u>40</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>Nelson Niederer</u> Address: <u>5402 Elmview</u> <u>Bay City MI 48706</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	12.50	12.50
Page Subtotal	75.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150006-1

2. Committee Name Committee to Elect Poirier Commissioner

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>41</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>John Nyquist</u> Address: <u>311 N Grant</u> <u>Bay City MI 48708</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	12.50	12.50
3. Contribution # <u>42</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>Mike Pero</u> Address: <u>104 Doud Rd</u> <u>Kawkawlin MI</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	25.00	25.00
3. Contribution # <u>43</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>Carol Poirier</u> Address: <u>1265 Orchard Dr</u> <u>Essexville MI 48732</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	12.50	12.50
3. Contribution # <u>44</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>Dennis Poirier Jr</u> Address: <u>510 Venetian Ct</u> <u>Bay City MI 48706</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	25.00	25.00
Page Subtotal	75.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150006-1

2. Committee Name Committee to Elect Poirier Commissioner

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>45</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>Bill Powell</u> Address: <u>5277 Crestway</u> <u>Bay City MI 48706</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	12.50	12.50
3. Contribution # <u>46</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>Robbie Rankey</u> Address: <u>4758 Spittler</u> <u>Bay City MI 48706</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	25.00	25.00
3. Contribution # <u>47</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>Richard E. Rau</u> Address: <u>604 Green Ave</u> <u>Bay City MI 48708</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	25.00	25.00
3. Contribution # <u>48</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>Adam Reddick</u> Address: <u>4012 Eleven Mile Rd</u> <u>Auburn MI 48611</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	12.50	12.50
Page Subtotal	75.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150006-1

2. Committee Name Committee to Elect Poirier Commissioner

Enter contributor's name and address: If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>49</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: Michael Rivard Address: 840 N Garfield Rd 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	25.00	25.00
3. Contribution # <u>50</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: Dave Rogers Address: 4659 Dale Ct 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	25.00	25.00
3. Contribution # <u>51</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: E Lawrence Rosenberg Address: 1215 Orchard 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	12.50	12.50
3. Contribution # <u>52</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: Mike Rowley Address: 1561 Wedgewood Place 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	25.00	25.00
Page Subtotal	87.50	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150006-1

2. Committee Name Committee to Elect Poirier Commissioner

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>53</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>Chris Rupp</u> Address: <u>175 S Lincoln Rd</u> <u>Bay City MI 48708</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	12.50	12.50
3. Contribution # <u>54</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>Jim Ruthig</u> Address: <u>4822 Basswood</u> <u>Saginaw MI</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	25.00	25.00
3. Contribution # <u>55</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>John Sauve</u> Address: <u>520 E Nebobish</u> <u>Essexville MI 48732</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	12.50	12.50
3. Contribution # <u>56</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>Patricia Senogles</u> Address: <u>7109 Kraenzlien</u> <u>Bay City MI 48706</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	12.50	12.50
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	62.50	

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150006-1

2. Committee Name Committee to Elect Poirier Commissioner

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>57</u> PAC Receipt? <input type="checkbox"/> YES <input type="checkbox"/> NO 4. Date of Receipt <u>06/30/2008</u> Name: <u>Chris Shannon</u> Address: <u>2215 Carroll Rd</u> <u>Bay City MI 48706</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	12.50	12.50
3. Contribution # <u>58</u> PAC Receipt? <input type="checkbox"/> YES <input type="checkbox"/> NO 4. Date of Receipt <u>06/30/2008</u> Name: <u>Richard Somalski</u> Address: <u>1630 N. SE Boutell</u> <u>Essexville MI 48732</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	50.00	50.00
3. Contribution # <u>59</u> PAC Receipt? <input type="checkbox"/> YES <input type="checkbox"/> NO 4. Date of Receipt <u>06/30/2008</u> Name: <u>Adolph Sturm</u> Address: <u>5808 Three Mile Rd</u> <u>Bay City MI 48706</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	12.50	12.50
3. Contribution # <u>60</u> PAC Receipt? <input type="checkbox"/> YES <input type="checkbox"/> NO 4. Date of Receipt <u>06/30/2008</u> Name: <u>Tim Teeples</u> Address: <u>5953 Two Mile Rd</u> <u>Bay City MI 48706</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	12.50	12.50
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	87.50	

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150006-1

2. Committee Name Committee to Elect Poirier Commissioner

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>61</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>Hannu Tiitola</u> Address: <u>4409 Darla Drive</u> <u>Bay City MI 48706</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	12.50	12.50
3. Contribution # <u>62</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>Pat VanSumeren</u> Address: <u>194 N Burns Rd</u> <u>Bay City MI 48706</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	25.00	25.00
3. Contribution # <u>63</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>Alvin Vogtmann</u> Address: <u>3724 S Euclid</u> <u>Bay City MI 48706</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	25.00	25.00
3. Contribution # <u>64</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>Greg Wagner</u> Address: <u>300 Pine</u> <u>Essexville MI 48732</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	25.00	25.00
Page Subtotal	87.50	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150006-1

2. Committee Name Committee to Elect Poirier Commissioner

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>65</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>George Wallace</u> Address: <u>102 Moll</u> <u>Auburn MI 48611</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	25.00	25.00
3. Contribution # <u>66</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>Jim Whaley</u> Address: <u>4443 W Park</u> <u>Bay City MI 48706</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	12.50	12.50
3. Contribution # <u>67</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>Ross Whitman</u> Address: <u>3027 Canterbury</u> <u>Bay City MI 48706</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	12.50	12.50
3. Contribution # <u>68</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>Mike Williams</u> Address: <u>1461 Williams Lane</u> <u>Essexville MI 48732</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	12.50	12.50
Page Subtotal	62.50	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150006-1

2. Committee Name Committee to Elect Poirier Commissioner

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>69</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>Helen Woods</u> Address: <u>1200 McKinley</u> <u>Bay City MI 48708</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	12.50	12.50
3. Contribution # <u>70</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>Michael Wooley</u> Address: <u>412 N Johnson</u> <u>Bay City MI 48708</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	12.50	12.50
3. Contribution # <u>71</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>James Zessin</u> Address: <u>827 Whispering Pines Lanes</u> <u>Bay City MI 48708</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	12.50	12.50
3. Contribution # <u>72</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/08/2008</u> Name: <u>Dennis Poirier</u> Address: <u>1265 Orchard Rd</u> <u>Essexville MI 48732</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 checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	435.93	535.93
Page Subtotal	473.43	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>73</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/18/2008</u> Name: <u>Dennis Poirier</u> Address: <u>1265 Orchard Rd</u> <u>Essexville MI 48732</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 checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	500.00	1035.93
3. Contribution # <u>74</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/18/2008</u> Name: <u>Bradley Vernon</u> Address: <u>1290 Cornerstone Ct</u> <u>Essexville MI 48732</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 type="checkbox"/> Fund Raiser	100.00	100.00

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Grand Total of All Schedules 1A
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600.00
2501.93

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**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: Citizens for Trad'l Values Address: P O Box 80295 Lansing MI 48908-0295 <input type="checkbox"/> Fund Raiser	Purpose: <u>Polit Leadership Academy</u> Expenditure Code <u>CT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	01/02/2008	212.26
Expenditure # 2 Name: Charter Township of Hampton Address: 801 West Center Ave Rd Essexville MI 48732 <input type="checkbox"/> Fund Raiser	Purpose: <u>Hall rental-10/26/08</u> Expenditure Code <u>RE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/20/2008	100.00
Expenditure # 3 Name: Sawicki & Son Address: 1521 W Lafayette Detroit MI 48216 <input type="checkbox"/> Fund Raiser	Purpose: <u>yard signs</u> Expenditure Code <u>SA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/08/2008	435.93
Expenditure # 4 Name: Committee to Elect Begick Comm Address: 5353 Lorraine Ct Bay City MI 48706 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Reimb joint fund raiser expense-BC Times</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/17/2008	49.50
Expenditure # 5 Name: Committee to Elect Begick Comm Address: 5353 Lorraine Ct Bay City MI 48706 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>reimb joint fund raiser expense-Shirts</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/17/2008	75.00

Subtotal this page

872.69

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 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 # 6 Name: Committee to Elect Begick Comm Address: 5353 Lorraine Ct Bay City MI 48706 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>reimb joint fund raiser exp-Band</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/17/2008	125.00
Expenditure # 7 Name: Committee to Elect Begick Comm Address: 5353 Lorraine Ct Bay City MI 48706 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>reimb joint fund raiser exp-Kingfish</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/17/2008	265.87
Expenditure # 8 Name: Committee to Elect Begick Comm Address: 5353 Lorraine Ct Bay City MI 48706 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>reimb joint fund raiser exp-Kingfish</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/17/2008	140.00
Expenditure # 9 Name: Neetz Printing Inc Address: 700 S Euclid Ave Bay City MI 48706-3304 <input type="checkbox"/> Fund Raiser	Purpose: <u>postcards</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/18/2008	850.99
Expenditure # 10 Name: Priem Sign Studio Address: 1221 Salzburg Avenue Bay City MI 48706 <input type="checkbox"/> Fund Raiser	Purpose: <u>magnetic signs</u> Expenditure Code <u>SA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/18/2008	137.80

Subtotal this page

1519.66

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

2392.35

Enter this total
on line 8a of
Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

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

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>06/30/2008</u> Month Day Year	4. Number of Individuals Attending or Participating (whichever is greater) 90	5. Type of Fund Raising Activity Joint Fundraiser	6. Address and Name (If any) of the place where the activity was held Kingfish 6/30/2008 1019 N Water St Bay City MI 48708 <input type="checkbox"/> Private Residence
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7. Total Contributions of \$20.00 or less	<u>503.50</u>
8. Total Contributions of \$20.01 or more	<u>862.50</u>
9. SUBTOTAL (Add lines 7 and 8)	<u>1366.00</u>
10. Other Receipts	<u>0.00</u>
11. Gross Receipts (Add lines 9 and 10)	<u>1366.00</u>
12. Total Cost of Event*	<u>655.37</u>

*Includes In-Kind Contributions and All Expenditures Made For the Event

13. Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
Committee to Elect Begick Comm	0.50	0.50
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 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.