



**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

1. Committee I.D. Number 150310
2. Committee Name COMMITTEE TO ELECT VICKI ROUPE REGISTER OF BEEDS

4. Candidate Last Name ROUPE First Name VICTORIA M.I. L
4a. Office Sought Including District # or Community Served (If applicable) REGISTER OF BEEDS
4b. County of Residence BAY

5. Committee's Mailing Address
3115 KIRKWOOD PL.
BAY CITY, MI
48706
Area Code and Phone 989-684-6462
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
VICTORIA L. ROUPE
3115 KIRKWOOD PLACE
BAY CITY, MI 48706
Area Code & Phone 989-684-6462

7. Treasurer's Business Address
515 CENTER AVENUE
SUITE 102
BAY CITY, MI 48708
Area Code and Phone 989-895-4227

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 _____

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 _____
By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.
Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

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

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

Current Treasurer or Designated Record keeper VICTORIA L. ROUPE, Victoria L. Roupe Date 1-03-10
Type or Print Name Signature
Candidate VICTORIA L. ROUPE, Victoria L. Roupe Date 1-03-10
Type or Print Name Signature



1. Committee I.D. Number 150310
COMMITTEE TO ELECT VIRKI ROUPE
2. Committee Name REGISTER OF DEEDS

**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> -0- </u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u> NOT APPLICABLE </u>	
c. Subtotal of "Contributions"	(3c.) \$ <u> -0- </u>	(18.) \$ <u> 3165.00 </u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u> -0- </u>	(19.) \$ <u> -0- </u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u> -0- </u>	(20.) \$ <u> 3165.00 </u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u> -0- </u>	(21.) \$ <u> -0- </u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u> -0- </u>	(22.) \$ <u> -0- </u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u> 480.96 </u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u> -0- </u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u> -0- </u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u> 480.96 </u>	(23.) \$ <u> 2720.18 </u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u> -0- </u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u> -0- </u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u> -0- </u>	(24.) \$ <u> -0- </u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u> 3000.00 </u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u> -0- </u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u> 993.04 </u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u> -0- </u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u> 993.04 </u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u> 480.96 </u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u> 512.08 </u> *	



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150310
 2. Committee Name COMMITTEE TO ELECT VICKI ROUPE REGISTER OF SEEDS

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>BAY CITY DEMOCRAT PRESS</u> Address <u>309 NINTH STREET BAY CITY, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>TICKETS (PRINTING)</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2-10-09</u> Date	<u>\$ 69.96</u>
Expenditure #2 Name <u>NAT'L ASSOC. OF PHYSICALLY HANDICAPPED</u> Address <u>C/O JIM SMITH 798 N. PINE ESSEXVILLE, MI 48722</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>AD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3-10-09</u> Date	<u>\$ 75.00</u>
Expenditure #3 Name <u>ST. PATRICK'S DAY PARADE ASSOC.</u> Address <u>C/O 1316 BROADWAY BAY CITY, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>AD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3-19-09</u> Date	<u>\$ 55.00</u>
Expenditure #4 Name <u>BAY COUNTY DEMOCRATIC PARTY</u> Address <u>2341 E. BEAVER RD. KAWKAWLIN, MI 48631</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>TICKETS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4-29-09</u> Date	<u>\$ 100.00</u>
Expenditure #5 Name <u>PEOPLE FOR CHERRY</u> Address <u>PO BOX 18189 LANSING, MI 48901</u> <input checked="" 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>6-8-09</u> Date	<u>\$ 100.00</u>

Subtotal this page 399.96
 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 150310
 2. Committee Name COMMITTEE TO ELECT VICKI ROUPE REGISTER OF DEEDS

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>LARRY ELLIOT FOR CITY COMMISSION</u> Address <u>308 SANSON STREET BAY CITY, MI 48706</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-16-09</u> Date	<u>\$ 10.00</u>
Expenditure #2 Name <u>JOHN GLENN DRAMA CLUB</u> Address <u>3201 KIESEL BAY CITY, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>AD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-6-09</u> Date	<u>\$ 25.00</u>
Expenditure #3 Name <u>BAY CITY DEMOCRATIC PRESS</u> Address <u>309 NINTH STREET BAY CITY, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>TICKETS (PRINTING)</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>\$ 46.00</u>
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page 81.00
 Grand Total of all Schedules 1B (Complete on last page of Schedule) 480.96
 Enter this total on line 8a of Summary Page



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

1. Committee I.D. Number 150310
2. Committee Name COMMITTEE TO ELECT VICKI ROUPE REGISTER OF DEEDS

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 (Description) 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: <u>VICTORIA L. ROUPE</u> <u>3115 KIRKWOOD PLACE</u> <u>BAY CITY, MI</u> <u>48706</u>	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>12-10-03 + 7-2-04</u> 6. <u>Original Amount of Debt:</u> <u>\$ 3000.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>-0-</u>	\$ <u>3000.00</u> <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:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt) 3000.00
Grand Total of all Schedules 1E 3000.00
(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

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.