



1. Committee I.D. Number 14074

2. Committee Name Tom Hickner for County Executive

**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>6,975.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>6,975.00</u>	(18.) \$ <u>17,165.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>6,975.00</u>	(20.) \$ <u>17,165.00</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>2765.07</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>2765.07</u>	(23.) \$ <u>12,915.61</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>2734.88</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>2734.88</u>	(24.) \$ <u>10,099.91</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>- 0 -</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>4818.44</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>6975.00</u>	
	(15.) = \$ <u>11793.44</u>	
15. SUBTOTAL Add lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>5499.95</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>6,293.49</u>	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

Enter contributor's name and address. If contribution is from an individual, 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 regardless of amount.

3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 3/13/12
Name & Address:
MARK/DEANNE BERGER
2235 CARROLL RD
BAY CITY MI 48708

6. Amount \$ 20.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 80.00

5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 3/13/12
Name & Address:
WILLIAM/LAURIE BERNER
271 DONAHUE BCH
BAY CITY MI 48706

6. Amount \$ 100.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 400.00

5. If over \$100.00 cumulative, please provide: Occupation PRESIDENT Employer BERNER MEDICAL SYSTEMS
Business Address 1000 WOODSIDE AVE. ESSEXVILLE, MI
Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 03/14/11
Name & Address:
PATRICK BESON
1480 S HURON RD
KAWKAWLIN MI 48631

6. Amount \$ _____ 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ # 100⁰⁰

5. If over \$100.00 cumulative, please provide: Occupation Business Owner Employer _____
Business Address 1480 S Huron Rd Kawkawlin MI 48631
Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #4 PAC Receipt? YES 4. Date of Receipt: 3/13/12
Name & Address:
JAMES/JANET BLANCHARD
22326 VALLEY OAKS DR
BEVERLY HILLS MI 48025

6. Amount \$ 250.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 600

5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer DLA PIPER US
Business Address 500 8TH ST NW WASHINGTON DC
Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal \$ 1180

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 14074
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

Enter contributor's name and address. If contribution is from an individual, 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 regardless of amount.

3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 03/02/11

Name & Address:
CHARLES/JAN BROWN
5625 W SPRING KNOLL DR
BAY CITY MI 48706

6. Amount \$ 50.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 100.00

5. If over \$100.00 cumulative, please provide:
Occupation Retired Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 3/14/12

Name & Address:
MIKE/SANDY BUDA
526 HANDY DR
BAY CITY MI 48706

6. Amount \$ 20.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 80.00

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 03/15/11

Name & Address:
WILLIAM/LINDA CAPRATHE
3055 LINDEN PARK DR
BAY CITY MI 48706

6. Amount \$ _____ 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 20.00

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 3/13/12

Name & Address:
SCOTT/NANCY CARMONA
5757 S TWO MILE RD
BAY CITY MI 48706

6. Amount \$ 100.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 300.00

5. If over \$100.00 cumulative, please provide:
Occupation PRES.-CEO Employer SUNRISE NATIONAL DIST.

Business Address 6004 WESTSIDE SAGINAW RD STE B BAY CITY MI 48706

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal \$ 500

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 14074
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

Enter contributor's name and address. If contribution is from an individual, 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 regardless of amount.

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 03/4/11
Name & Address:

MARK/CORI DENAY
1865 E SALZBURG RD
BAY CITY MI 48706

\$ 90.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 3/8/11
Name & Address:

SEAN/TRACY DESJARLAIS
1308 MERCER ST
ESSEXVILLE MI 48732

\$ 20.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 3/14/12
Name & Address:

GERALD/MARY DESLOOVER
3682 E MARCUS
SAGINAW MI 48603

\$ 50.00 \$ 250.00

5. If over \$100.00 cumulative, please provide:

Occupation CPA Employer THE REHMANN GROUP

[Click Here for Memo Itemization](#)

Business Address 5800 GRATIOT SAGINAW MI

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #4 PAC Receipt? YES 4. Date of Receipt: 3/13/11
Name & Address:

AL/JANICE DONER
1568 WEDGEWOOD
ESSEXVILLE MI 48732

\$ 25.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal \$ 385

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 14074
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

Enter contributor's name and address. If contribution is from an individual, 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 regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/15/11</u> Name & Address: BILL/ELAINE FOURNIER 1108 N WATER 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	\$ _____	\$ <u>20.00</u> Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/13/12</u> Name & Address: ED GALLAGHER - NANCY POWERS 28 CENTER CT 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	\$ <u>30.00</u>	\$ <u>35.00</u> Click Here for Memo Itemization
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/13/12</u> Name & Address: RODNEY/ALICE GERARD 3231 BANGOR BAY CITY MI 48706 5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>McLaren</u> Business Address <u>1900 Columbus Ave Bay City MI 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>120.00</u> Click Here for Memo Itemization
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/13/12</u> Name & Address: HARRY GILL 3030 W RIVERVIEW DR BAY CITY MI 48706 5. If over \$100.00 cumulative, please provide: Occupation <u>JUDGE</u> Employer <u>Bay County</u> Business Address <u>1230 WASHINGTON AVE. Bay City MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>250.00</u> Click Here for Memo Itemization

Page Subtotal \$ 475

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 14074

2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

Enter contributor's name and address. If contribution is from an individual, 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 regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt: <u>3/13/12</u>	
Name & Address: MICHAEL GRABOWSKI 405 GARFIELD AVE BAY CITY MI 48708		\$ <u>25.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt: <u>3/13/12</u>	
Name & Address: MIKE/SALLY GRAY 4009 S FRASER RD BAY CITY MI 48706		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT COUNTY EXEC</u> Employer <u>BAY COUNTY</u>		Click Here for Memo Itemization	
Business Address <u>515 CENTER AVE BAY CITY MI</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt: <u>3/13/12</u>	
Name & Address: WILLIAM/MARIAN GREGORY 264 JENNISON PL BAY CITY MI 48708		\$ <u>50⁰⁰</u>	\$ <u>110.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt: <u>03/02/11</u>	
Name & Address: JOHN/MARILYN GRIGG 2421 LAKEVIEW CT BAY CITY MI 48706		\$ _____	\$ <u>55.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal \$ 415

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 14074
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

Enter contributor's name and address. If contribution is from an individual, 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 regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES Name & Address: DON/RITA HARE 2920 BLUEBERRY PL SAGINAW MI 48603 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		\$ _____	\$ <u>50⁰⁰</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES Name & Address: JEFFREY/CRYSTAL HEBERT 6-1 GLENVIEW CT PINCONNING MI 48650 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		\$ _____	\$ <u>50⁰⁰</u>
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES Name & Address: SHAWN/ELLEN HEINITZ 2770 FREELAND RD #19 SAGINAW MI 48604 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		\$ _____	\$ <u>20⁰⁰</u>
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES Name & Address: CHRISTOPHER HENNESSY MEGHAN CHERRY 420 PINE ST CLIO MI 48420 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		\$ _____	\$ <u>20⁰⁰</u>

Page Subtotal \$ 140

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 14074
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

Enter contributor's name and address. If contribution is from an individual, 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 regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: CAL HORNER 5381 KASEMEYER RD BAY CITY MI 48706	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/13/12</u>	\$ <u>40⁰⁰</u>	\$ <u>60.00</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		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: JOHN HOWLAND 2110 16TH ST BAY CITY MI 48708	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/13/12</u>	\$ <u>30⁰⁰</u>	\$ <u>95.00</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		Click Here for Memo Itemization	
3. Contribution #3 Name & Address: HOWARD/SUSAN HURT 607 W COTTAGE GROVE RD LINWOOD MI 48634	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/13/12</u>	\$ <u>20.00</u>	\$ <u>80.00</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		Click Here for Memo Itemization	
3. Contribution #4 Name & Address: CHRIS IZWORSKI 3125 OAKBROOK WAY BAY CITY MI 48706	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/15/11</u>	\$ <u>00</u>	\$ <u>60.00</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		Click Here for Memo Itemization	

Page Subtotal \$ 295

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 14074
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

Enter contributor's name and address. If contribution is from an individual, 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 regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: TREVOR KEYES 810 GERMANIA AVE BAYCITY MI 48706	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/14/11</u>	\$ <u>20⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 Name & Address: THOMAS KINNEY 1400 W BORTON RD ESSEXVILLE MI 48732	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>3/13/12</u>	\$ <u>50.00</u> \$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>KINNEY DAIRIES</u> Business Address <u>1215 N JOHNSON ST BAY CITY MI</u>		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #3 Name & Address: BRANDAN KRAUSE 655 W RIVER RD KAWKAWLIN MI 48631	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/15/11</u>	\$ _____ \$ <u>20⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #4 Name & Address: ERNEST/MARY KRYGIER 785 APLIN BAYCITY MI 48706	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>3/13/12</u>	\$ <u>50.00</u> \$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Ernie Krygier Service</u> Business Address <u>6368 Bay Rd Saginaw MI 48604</u>		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal \$ 360

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

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Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 14074
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

Enter contributor's name and address. If contribution is from an individual, 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 regardless of amount.			6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>3/13/12</u>		
Name & Address: P. JEAN LEAMING 37 E SHARLEAR DR ESSEXVILLE MI 48732			\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____			Click Here for Memo Itemization	
Business Address _____				
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>3/13/12</u>		
Name & Address: LYLE/CHARLENE LECRONIER 5855 FLAJOLE RD FREELAND MI 48623			\$ <u>20.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____			Click Here for Memo Itemization	
Business Address _____				
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>3/13/12</u>		
Name & Address: ED LEGNER 1010 S HAMPTON ST BAY CITY MI 48708			\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Deceased</u> Employer _____			Click Here for Memo Itemization	
Business Address _____				
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>3/13/12</u>		
Name & Address: KATHLEEN LEIKERT 3304 EVERGREEN BAY CITY MI 48706			\$ <u>20.00</u>	\$ <u>80.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____			Click Here for Memo Itemization	
Business Address _____				
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				

Page Subtotal \$ 440

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 14074
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

Enter contributor's name and address. If contribution is from an individual, 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 regardless of amount.

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 3/13/12

Name & Address:
NANCY MCDONOUGH
607 NURMI CT
BAY CITY MI 48708

6. Amount \$ 100.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 350.00

5. If over \$100.00 cumulative, please provide: Occupation HOUSEWIFE Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 3/13/12

Name & Address:
AL/JOY MCFADYEN
2220 MCKINLEY
BAY CITY MI 48708

6. Amount \$ 50.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 200.00

5. If over \$100.00 cumulative, please provide: Occupation DIRECTOR Employer DELHI TOWNSHIP

Business Address INGHAM COUNTY

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 3/13/12

Name & Address:
EVA HICKNER MCGEE
2448 MIDLAND RD #107
BAY CITY MI 48706

6. Amount \$ 100.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 400.00

5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 3/13/12

Name & Address:
SCOTT MCINTYRE
1107 SAGINAW
BAY CITY MI 48708

6. Amount \$ 20.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 60.00

5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal \$: 1010

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 14074
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

Enter contributor's name and address. If contribution is from an individual, 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 regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>3/13/12</u>	
Name & Address: TERRY/BARB MILLER 4649 DAVID CT BAY CITY MI 48706		\$ <u>40⁰⁰</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt: <u>3/13/12</u>	
Name & Address: RICHARD/CAROLE MILSTER 210 PENDLETON BAY CITY MI 48708		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Lambert, Lester Isickson, Cook & Giunta P.C.</u>		Click Here for Memo Itemization	
Business Address <u>916 Washington Ave, Suite 309, Bay City, MI</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>3/13/12</u>	
Name & Address: JON MORSE 1415 5TH ST BAY CITY MI 48708		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Skilled Trades</u> Employer <u>Bay County</u>		Click Here for Memo Itemization	
Business Address <u>515 Center Ave Bay City MI</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/07/11</u>	
Name & Address: GEORGE/JUDITH MULLISON 610 PARK AVE BAY CITY MI 48708		\$ _____	\$ <u>20⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal \$ 390

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 14074
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

Enter contributor's name and address. If contribution is from an individual, 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 regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt: <u>3/13/12</u>	
Name & Address: RICK PABALIS 5431 CHRISTENA RD BAY CITY MI 48706		\$ <u>30⁰⁰</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Division Manager</u> Employer <u>Bay County</u> Business Address <u>515 Center Ave. Bay City MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt: <u>03/15/11</u>	
Name & Address: TOM PAIGE 4838 11 MILE RD AUBURN MI 48611		\$ _____	\$ <u>40.00</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		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt: <u>3/14/12</u>	
Name & Address: KEITH/GRETCHEN PRETTY 608 W MAIN ST MIDLAND MI 48640		\$ <u>20.00</u>	\$ <u>110.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Northwood University</u> Business Address <u>4000 Whiting Dr. Midland MI 48640</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt: <u>3/14/12</u>	
Name & Address: TOM/MARY ANNE PUTT 3837 GARFIELD RD AUBURN MI 48611		\$ <u>25⁰⁰</u>	\$ <u>90.00</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		Click Here for Memo Itemization	

Page Subtotal **\$ 340**

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 14074
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

Enter contributor's name and address. If contribution is from an individual, 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 regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/14/12</u> Name & Address: BRIAN REDMOND 11 BAY SHORE DR BAY CITY MI 48606		\$ 50.00	\$ 200.00
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/15/11</u> Name & Address: JAMES REID 919 N WATER ST BAY CITY MI 48708		\$ _____	\$ 95.00
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		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/15/11</u> Name & Address: MICHELE REILLY 1701 HELEN ST BAY CITY MI 48708		\$ _____	\$ 60.00
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		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/15/12</u> Name & Address: JOHN/FLORENCE REYNOLDS 1099 MACKINAW KAWKAWLIN MI 48631		\$ 20.00	\$ 60.00
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		Click Here for Memo Itemization	

Page Subtotal \$ 415

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 14074

2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

Enter contributor's name and address. If contribution is from an individual, 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 regardless of amount.

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 3/14/12
 Name & Address:
 JAMES SCHELL
 1586 ST MARYS CT
 ESSEXVILLE MI 48732

6. Amount \$ 50.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 70.00

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)
 Occupation _____ Employer _____
 Business Address _____
 Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/15/11
 Name & Address:
 JOSEPH/JOANN SHEERAN
 1206 WILDERNESS CT
 ESSEXVILLE MI 48732

6. Amount \$ _____ 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 250.00

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)
 Occupation CIRCUIT COURT JUDGE Employer BAY COUNTY
 Business Address 1228 WASHINGTON AVE BAY CITY MI
 Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 3/15/12
 Name & Address:
 DONALD/ANGIE SCHERZER
 5470 4 MILE RD
 BAY CITY MI 48706

6. Amount \$ 100.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 290.00

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)
 Occupation _____ Employer SPICER GROUP
 Business Address 230 S WASHINGTON AVE SAGINAW MI
 Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 03/15/11
 Name & Address:
 BRANDON/KRISTEN SHORT
 1112 N WILLIAMS ST
 BAY CITY MI 48706

6. Amount \$ _____ 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 90.00

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)
 Occupation _____ Employer _____
 Business Address _____
 Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal \$ 700

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 14074
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

Enter contributor's name and address. If contribution is from an individual, 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 regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/09/11</u> Name & Address: DHANA/PATRICIA SHRESTHA 2133 HERITAGE DR BAY CITY MI 48706 5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>SELF</u> Business Address <u>3720 KATALIN CT STE 100 BAY CITY MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ _____ \$ <u>200.00</u>	Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/15/12</u> Name & Address: JANE SMITH 265 E HAMPTON 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	\$ <u>20.00</u> \$ <u>40.00</u>	Click Here for Memo Itemization
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/08/11</u> Name & Address: LYDIA SOLINSKI 403 E SALZBURG 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	\$ _____ \$ <u>60.00</u>	Click Here for Memo Itemization
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/15/12</u> Name & Address: DICK/MARILYN SOMALSKI 1630 N SE BOUTELL RD ESSEXVILLE MI 48732 5. If over \$100.00 cumulative, please provide: Occupation <u>SELF</u> Employer <u>BAY LANDSCAPING</u> Business Address <u>1630 N SE BOUTELL RD ESSEXVILLE MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>50.00</u> \$ <u>200.00</u>	Click Here for Memo Itemization

Page Subtotal \$ 500

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 14074
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

Enter contributor's name and address. If contribution is from an individual, 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 regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: ANDREA STUDDERS 215 AMES ST BAY CITY MI 48708	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>3/13/12</u>	\$ <u>30⁰⁰</u> \$ <u>90.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 Name & Address: THOMAS TARLETON 307 BARBERRY6 AVE PO9RTAGE MI 49002	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>3/13/12</u>	\$ <u>20.00</u> \$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #3 Name & Address: FRED TODD 1214 N HURON TAWAS CITY MI 48763	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/03/11</u>	\$ _____ \$ <u>100⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Lawyer</u> Employer <u>Fred D Todd PC</u> Business Address <u>1214 N Huron Rd Tawas City MI</u>		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #4 Name & Address: MAGEN TRASK 1910 33RD ST BAY CITY MI 48708	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/15/11</u>	\$ _____ \$ <u>40⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal \$ 290
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 14074
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

Enter contributor's name and address. If contribution is from an individual, 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 regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/15/12</u> Name & Address: TERRY/DIANE WAGAR 2696 S WESTGATE BAY CITY MI 48706 5. If over \$100.00 cumulative, please provide: Occupation <u>Real Estate</u> Employer <u>Empire Properties</u> Business Address <u>311 Germania St. Bay City MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ 50.00	\$ 150.00
		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/13/12</u> Name & Address: WILLIAM WEBBER - BARB FRIEDEN 683 W LINWOOD BCH RD LINWOOD MI 48634 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SARGEANT SAND CO</u> Business Address <u>2840 BAY RD SAGINAW MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ 200.00	\$ 400.00
		Click Here for Memo Itemization	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/02/11</u> Name & Address: WALTER WEINLANDER 2212 MCKINLEY AVE BAY CITY MI 48708 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ _____	\$ 100.00
		Click Here for Memo Itemization	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/11/11</u> Name & Address: CHARLES/MARILYN WESTPHAL 1042 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
		Click Here for Memo Itemization	

Page Subtotal \$ 700

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 14074
2. Committee Name Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, 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 regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
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3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>3/26/12</u>		
Name & Address: <u>Pedro Santos</u> <u>4646 Morningside Dr.</u> <u>Bay City, MI 48706</u>			\$ <u>25.00</u>	\$ <u>25⁰⁰</u>
5. If over \$100.00 cumulative, please provide:			Click Here for Memo Itemization	
Occupation _____ Employer _____				
Business Address _____				
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser				

3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>3/23/12</u>		
Name & Address: <u>Richard and Phyllis Meeth</u> <u>2211 McKinley Ave.</u> <u>Bay City, MI 48708</u>			\$ <u>50.00</u>	\$ <u>50⁰⁰</u>
5. If over \$100.00 cumulative, please provide:			Click Here for Memo Itemization	
Occupation _____ Employer _____				
Business Address _____				
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser				

3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>3/2/12</u>		
Name & Address: <u>John and Margaret Arbour</u> <u>7444 Cypress Pointe</u> <u>Bay City, MI 48706</u>			\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide:			Click Here for Memo Itemization	
Occupation _____ Employer _____				
Business Address _____				
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser				

3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>3/1/12</u>		
Name & Address: <u>Thomas Brennan Jr.</u> <u>1600 Garfield Ave.</u> <u>Bay City, MI 48708</u>			\$ <u>50.00</u>	\$ <u>50⁰⁰</u>
5. If over \$100.00 cumulative, please provide:			Click Here for Memo Itemization	
Occupation _____ Employer _____				
Business Address _____				
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser				

Page Subtotal	\$ <u>175</u>
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 14074
2. Committee Name Tom Hickner for County Executive

Enter contributor's name and address. If contribution is from an individual, 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 regardless of amount

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 3/5/12
Name & Address:
Connie and James Brooks
1173 Brissette Beach
Kawkawlin, MI 48631

6. Amount \$ 20.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 20.00

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 3/10/12
Name & Address:
Marlene Christoff-Sundberg
609 N. Trumbull
Bay City, MI 48708

6. Amount \$ 20.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 20.00

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 3/5/12
Name & Address:
Kevin and Kathleen Czerwinski
211 Bioney Street
Essexville, MI 48732

6. Amount \$ 100.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 100.00

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation Retired Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 3/13/12
Name & Address:
John Decker
284 Killarney Beach Rd
Bay City, MI 48706

6. Amount \$ 30.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 30.00

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal \$ 170
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 14074
2. Committee Name Tom Hukker for County Executive

Enter contributor's name and address. If contribution is from an individual, 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 regardless of amount.

3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 2/29/12

Name & Address:
Carola Deveau
407 Adams St
Bay City, MI 48708

6. Amount \$ 20.00 7. Cumulative for: \$ 20.00
Election Cycle for Each Contributor (Through date of receipt)

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 3/5/12

Name & Address:
Leonard and Dorothy Eickel
106 W. Crump St.
Bay City, MI 48706

6. Amount \$ 20.00 7. Cumulative for: \$ 20.00

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 3/4/12

Name & Address:
Connie Miller
2076 S. Nine Mile Rd
Kawkawlin, MI 48631

6. Amount \$ 20.00 7. Cumulative for: \$ 20.00

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 4/29/12

Name & Address:
Ryan McDonough
607 Normi Ct
Bay City, MI 48708

6. Amount \$ 100.00 7. Cumulative for: \$ 100.00

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation Attorney Employer _____

Business Address 607 Normi Ct. Bay City MI

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal \$ 160

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 14074
2. Committee Name Tom Hukker for County Executive

Enter contributor's name and address. If contribution is from an individual, 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 regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>Guy C. Mouthrop</u> <u>2167 Center Ave.</u> <u>Bay City, MI 48708</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>2/29/12</u>	\$ <u>20.00</u> \$ <u>20⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 Name & Address: <u>Guy T. Mouthrop</u> <u>6272 Muschhead Ct</u> <u>Bay City, MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>3/4/12</u>	\$ <u>50.00</u> \$ <u>50⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: <u>John Ostrander</u> <u>4851 Appletree Ln</u> <u>Bay City, MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>3/10/12</u>	\$ <u>20.00</u> \$ <u>20⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: <u>William and Barbara Palmer</u> <u>4512 Garfield Rd</u> <u>Auburn, MI 48611</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>3-1-12</u>	\$ <u>20.00</u> \$ <u>20⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

\$ 110

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 14074
2. Committee Name Tom Hukner for County Executive

Enter contributor's name and address. If contribution is from an individual, 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 regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: <u>David and Cheryl Powers</u> <u>861 S. Linwood Beach</u> <u>Linwood, MI 48634</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/4/12</u>	\$ <u>20.00</u>	\$ <u>20⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: <u>William Reder</u> <u>77 E. Midland Rd</u> <u>Auburn, MI 48611</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/13/12</u>	\$ <u>50.00</u>	\$ <u>50⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 Name & Address: <u>Matthew Romeo</u> <u>222 12th Ave</u> <u>Tawas City, MI 48763</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/5/12</u>	\$ <u>20.00</u>	\$ <u>20⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 Name & Address: <u>Stella Pearson</u> <u>414 N. Johnson St.</u> <u>Bay City, MI 48705</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2/24/12</u>	\$ <u>20.00</u>	\$ <u>20⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$ 110
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 14074
2. Committee Name Tom Hinkner for County Executive

Enter contributor's name and address. If contribution is from an individual, 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 regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>3/4/12</u>	
Name & Address: <u>Steven Rogers</u> <u>212 Spring Creek PL NE</u> <u>Albuquerque, NM 87122</u>		\$ <u>20.00</u>	\$ <u>20⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>2/28/12</u>	
Name & Address: <u>Thomas Weho</u> <u>2408 E Cody Estey Rd</u> <u>Pinecanning, MI 48650</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/3/12</u>	
Name & Address: <u>Rodney and Marilyn McFarland</u> <u>601 N. Wendon Ave.</u> <u>Bay City, MI 48706</u>		\$ <u>20.00</u>	\$ <u>20⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/4/12</u>	
Name & Address: <u>Lewis Sewald</u> <u>1009 Washington</u> <u>Bay City, MI 48708</u>		\$ <u>50.00</u>	\$ <u>50⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal \$ 190
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 14074
2. Committee Name Tom Hickier for County Executive

Enter contributor's name and address. If contribution is from an individual, 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 regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/16/11</u>	
Name & Address: <u>John E. Miller</u> <u>304 N. Barclay St</u> <u>Bay City, MI 48706</u>		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/19/11</u>	
Name & Address: <u>John/Karen West</u> <u>3314 Dearborn St.</u> <u>Flint, MI 48507</u>		\$ _____	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/26/12</u>	
Name & Address: <u>Chuck Miletello</u> <u>1471 E. Center Rd</u> <u>Essexville, MI 48732</u>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/26/12</u>	
Name & Address: <u>Chris/Jennifer Connors</u> <u>520 Green Ave.</u> <u>Bay City, MI 48708</u>		\$ <u>4000</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal \$ 160
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 14074
2. Committee Name Tom Hickey for County Executive

Enter contributor's name and address. If contribution is from an individual, 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 regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/07/11</u>	
Name & Address: <u>Rod Adams</u> <u>PO Box 549</u> <u>Bay City, MI 48707</u>		\$ _____	\$ <u>20⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/15/11</u>	
Name & Address: <u>Joe Albosta</u> <u>3735 S Gleason</u> <u>Saginaw, MI 48609</u>		\$ _____	\$ <u>20⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/14/11</u>	
Name & Address: <u>George/Sandra Augustyniak</u> <u>2840 Kaiser Rd Rt 1</u> <u>Pineconing, MI 48650</u>		\$ _____	\$ <u>80.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/15/11</u>	
Name & Address: <u>Frank Bednarek</u> <u>Hooker and Dejong</u> <u>410 Terrace Plaza</u> <u>Muskegon, MI 49440</u>		\$ _____	\$ <u>20⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal

\$140

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

17,115.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074
2. Committee Name Tom Hicken for County Executive

Enter contributor's name and address. If contribution is from an individual, 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 regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/5/12</u> Name & Address: <u>Al Laskowski</u> <u>4145 Dover Ln</u> <u>Bay City, MI 48706</u>	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization

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 EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 14074
2. Committee Name Tom Hickenfor Co. Exec.

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Bay County Clerk Address 515 Center Avenue Bay City, MI 48708 <input type="checkbox"/> Fund Raiser	Purpose: <u>filing fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/09/12</u> Date	<u>\$ 100.00</u>
Expenditure #2 Name Stein Haus Address 1108 N. Water Bay city MI 48708 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>food and refreshments</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/14/12</u> Date	<u>\$ 1320.48</u>
Expenditure #3 Name Mail Room Address 3075 Shattuck <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>postage and mailing service</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/20/12</u> Date	<u>\$ 553.15</u>
Expenditure #4 Name Bay City Democrat Address P.O. Box 278 Bay city MI 48707 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/20/12</u> Date	<u>\$ 286.20</u>
Expenditure #5 Name Marie Hayes Address 114 S. Sheridan Bay City MI 48708 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/17/12</u> Date	<u>\$ 38.70</u>

Subtotal this page 2298.53

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 14074
2. Committee Name Tom Hickner for County Executive

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Tom Hickner</u> Address <u>4821 E. Westgate Drive</u> <u>Bay City MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>volunteer/thank you party</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/04/12</u> Date	<u>\$ 466.54</u>
Expenditure #2 Name _____ Address _____ <input checked="" 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 #3 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 #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 466.54
Grand Total of all Schedules 1B
(Complete on last page of Schedule) 2765.07

Enter this total on line 8a of Summary Page



**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**
(For use by officeholders only)

1. Committee I. D. Number 14074

2. Committee Name Tom Hickner for County Executive

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: McDowell for Congress 10820 W. Glen Street Rudyard, MI 49780 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>campaign contribution</u> Disbursement Code <u>IO</u> <input type="checkbox"/> Fund Raiser	<u>04/04/12</u> Date Click for Memo Itemization Type	<u>\$250</u>
Disbursement # 2 Name & Address: Tom Hickner 4821 E. Westgate Drive Bay City MI 48706 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>see following itemized list</u> Disbursement Code _____ <input type="checkbox"/> Fund Raiser	<u>04/17/12</u> Date Click for Memo Itemization Type	<u>\$863.55</u>
Disbursement # 3 Name & Address: <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>Lion's Club membership</u> Disbursement Code <u>MO</u> <input type="checkbox"/> Fund Raiser	<u>04/10/12</u> Date Click for Memo Itemization Type	<u>\$(73.00)</u>
Disbursement # 4 Name & Address: <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>St. Patrick's Day Irish Ball</u> Disbursement Code <u>DO</u> <input type="checkbox"/> Fund Raiser	<u>03/17/12</u> Date Click for Memo Itemization Type	<u>\$(60)</u>

Subtotal this page 1113.55
Grand Total of all Schedules 1C (Complete on last page of Schedule) _____

Enter this total on line 10a of Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES
Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**
(For use by officeholders only)

1. Committee I. D. Number 14074

2. Committee Name Tom Hickner for County Executive

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address:	Purpose <u>Chamber of Commerce annual meeting</u>	<u>03/15/12</u> Date	<u>\$(48.00)</u>
Click for Memo Itemization Type			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>FO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 2 Name & Address:	Purpose _____	_____ Date	\$ _____
Click for Memo Itemization Type			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> Fund Raiser		
Disbursement # 3 Name & Address:	Purpose _____	_____ Date	\$ _____
Click for Memo Itemization Type			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> Fund Raiser		

Subtotal this page _____

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

Enter this total
on line 10a of
Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**

(For use by officeholders only)

1. Committee I. D. Number 14074
2. Committee Name Tom Hickner for County Executive

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: Tom Hickner 4821 E. Westgate Drive Bay City MI 48706 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose Postal Service: postage Disbursement Code <u>AO</u> <input type="checkbox"/> Fund Raiser	01/30/12 Date Click for Memo Itemization Type	\$(9.00)
Disbursement # 2 Name & Address: <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose Bay Area Dems Disbursement Code <u>IO</u> <input type="checkbox"/> Fund Raiser	12/09/12 Date Click for Memo Itemization Type	\$(100.00)
Disbursement # 3 Name & Address: <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose Postal Service: postage Disbursement Code <u>AO</u> <input type="checkbox"/> Fund Raiser	11/10/11 Date Click for Memo Itemization Type	\$(8.80)
Disbursement # 4 Name & Address: <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose Doubletree Detroit hotel Disbursement Code <u>FO</u> <input type="checkbox"/> Fund Raiser	01/04/12 Date Click for Memo Itemization Type	\$(94.75)
Subtotal this page			
Grand Total of all Schedules 1C (Complete on last page of Schedule)			

Enter this total on line 10a of Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES
Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**
(For use by officeholders only)

1. Committee I. D. Number 14074
2. Committee Name Tom Hickner for County Executive

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: Tom Hickner 4821 E. Westgate Drive Bay City MI 48706 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>M.A.C.: dinner/Andy Dillon</u> Disbursement Code <u>AO</u> <input type="checkbox"/> Fund Raiser	<u>01/30/12</u> Date Click for Memo Itemization Type	<u>\$(19.06)</u>
Disbursement # 2 Name & Address: <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>EPA-LGAC Washington mtg: refreshments</u> Disbursement Code <u>QO</u> <input type="checkbox"/> Fund Raiser	<u>12/02/11</u> Date Click for Memo Itemization Type	<u>\$(24.75)</u>
Disbursement # 3 Name & Address: <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>refreshments: constituents</u> Disbursement Code <u>QO</u> <input type="checkbox"/> Fund Raiser	<u>11/15/11</u> Date Click for Memo Itemization Type	<u>\$(13.04)</u>
Disbursement # 4 Name & Address: <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>lunch for constituent</u> Disbursement Code <u>AO</u> <input type="checkbox"/> Fund Raiser	<u>11/14/11</u> Date Click for Memo Itemization Type	<u>\$(7.40)</u>
Subtotal this page			
Grand Total of all Schedules 1C (Complete on last page of Schedule)			

Enter this total on line 10a of Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**
(For use by officeholders only)

1. Committee I. D. Number 14074
2. Committee Name Tom Hickner for County Executive

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: Tom Hickner 4821 E. Westgate Drive Bay City MI 48706 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>pizza for constituents</u> Disbursement Code <u>AO</u> <input type="checkbox"/> Fund Raiser	<u>12/08/12</u> Date Click for Memo Itemization Type	<u>\$(30.53)</u>
Disbursement # 2 Name & Address: <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>dinner for constituent</u> Disbursement Code <u>AO</u> <input type="checkbox"/> Fund Raiser	<u>01/04/12</u> Date Click for Memo Itemization Type	<u>\$(110.22)</u>
Disbursement # 3 Name & Address: Tom Hickner 4821 E. Westgate Drive Bay City MI 48706 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>see following itemized list</u> Disbursement Code _____ <input type="checkbox"/> Fund Raiser	<u>05/18/12</u> Date Click for Memo Itemization Type	<u>620.54</u>
Disbursement # 4 Name & Address: <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>hotel: Jeff Jack</u> Disbursement Code <u>FO</u> <input type="checkbox"/> Fund Raiser	<u>04/28/12</u> Date Click for Memo Itemization Type	<u>103.41</u>
Subtotal this page Grand Total of all Schedules 1C (Complete on last page of Schedule)			<u>670.54</u>

Enter this total on line 10a of Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES
Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**
(For use by officeholders only)

1. Committee I. D. Number 14074
2. Committee Name Tom Hickner for County Executive

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address:	Purpose <u>taxi to cobo hall</u>	<u>04/28/12</u> Date	<u>\$(5.00)</u>
Click for Memo Itemization Type			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>FO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 2 Name & Address:	Purpose <u>mileage to Detroit & back</u>	<u>04/28/12</u> Date	<u>\$(136.53)</u>
Click for Memo Itemization Type			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>FO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 3 Name & Address:	Purpose <u>cakes: Dem elected officials</u>	<u>05/14/12</u> Date	<u>\$(31.98)</u>
Click for Memo Itemization Type			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>AO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 4 Name & Address:	Purpose <u>St Pat's Party decorations</u>	<u>02/18/12</u> Date	<u>\$(48.60)</u>
Click for Memo Itemization Type			
Subtotal this page			
Grand Total of all Schedules 1C (Complete on last page of Schedule)			

Enter this total on line 10a of Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES
Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**
(For use by officeholders only)

1. Committee I. D. Number 14074

2. Committee Name Tom Hickner for County Executive

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address:	Purpose <u>food for party with constits</u>	<u>03/12/12</u> Date	<u>\$(8.98)</u>
Click for Memo Itemization Type			
Disbursement Code <u>FO</u>			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	<input type="checkbox"/> Fund Raiser		
Disbursement # 2 Name & Address:	Purpose <u>Democratic party Spring Fling</u>	<u>05/04/12</u> Date	<u>\$(50.00)</u>
Click for Memo Itemization Type			
Disbursement Code <u>IO</u>			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	<input type="checkbox"/> Fund Raiser		
Disbursement # 3 Name & Address:	Purpose <u>Rotary: lunch</u>	<u>01/03/12</u> Date	<u>\$(11.00)</u>
Click for Memo Itemization Type			
Disbursement Code <u>AO</u>			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	<input type="checkbox"/> Fund Raiser		
Disbursement # 4 Name & Address:	Purpose <u>Refreshments for constits: Jeff Jack</u>	<u>04/29/12</u> Date	<u>\$(48.10)</u>
Click for Memo Itemization Type			
Disbursement Code <u>AO</u>			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	<input type="checkbox"/> Fund Raiser		

Subtotal this page

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

Enter this total
on line 10a of
Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**
(For use by officeholders only)

1. Committee I. D. Number 14074
2. Committee Name Tom Hickner for County Executive

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*).	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>dinner for constits</u> Disbursement Code <u>FO</u> <input type="checkbox"/> Fund Raiser	<u>09/10/11</u> Date	<u>\$(46.45)</u> Click for Memo Itemization Type
Disbursement # 2 Name & Address: <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>refreshments for constits: election night</u> Disbursement Code <u>IO</u> <input type="checkbox"/> Fund Raiser	<u>11/08/11</u> Date	<u>\$(68.80)</u> Click for Memo Itemization Type
Disbursement # 3 Name & Address: <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>refreshments for consits</u> Disbursement Code <u>AO</u> <input type="checkbox"/> Fund Raiser	<u>10/24/11</u> Date	<u>\$(17.81)</u> Click for Memo Itemization Type
Disbursement # 4 Name & Address: <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>refreshments for constits</u> Disbursement Code <u>AO</u> <input type="checkbox"/> Fund Raiser	<u>01/03/12</u> Date	<u>\$(15.26)</u> Click for Memo Itemization Type

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

Enter this total on line 10a of Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**
(For use by officeholders only)

1. Committee I. D. Number 14074
2. Committee Name Tom Hickner for County Executive

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address:	Purpose <u>refreshments for constts</u>	<u>05/14/12</u> Date	<u>\$(28.62)</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>AO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 2 Name & Address: <u>Friends of Bay City Recreational Area</u>	Purpose <u>ad: annual wildfowl event</u>	<u>06/26/12</u> Date	<u>\$75.00</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>KO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 3 Name & Address: <u>Friends of Celtic Cluture 114 S. Sheridan Bay city MI 48608</u>	Purpose <u>advertising in program books</u>	<u>01/30/12</u> Date	<u>\$100.00</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>KO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 4 Name & Address: <u>Saginaw Bay Yacht Club P.O. Box 45 Essexville, MI 48732</u>	Purpose <u>staff appreciation party</u>	<u>01/30/12</u> Date	<u>\$825.79</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>QO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	

Subtotal this page 1000.79

Grand Total of all Schedules 1C
(Complete on last page of Schedule) 2734.88

Enter this total
on line 10a of
Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 14074
2. Committee Name Tom Hickner for County Executive

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>3-13-12</u>	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (if any) of the place where the activity was held. <u>Stein Haus</u> <u>1108 N Water</u> <u>Bay City, 48708</u> <input type="checkbox"/> Private Residence
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7. Total Contributions \$ 6,975.00

8. Other Receipts - 0 -

9. Gross Receipts (Add lines 7 and 8) _____

10. Total Cost of Event 2198.53
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 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.