Michigan Department of State
Bureau of Elections
www.michigan.gov/sos

# CANDIDATE COMMITTEE

# CAMPAIGN STATEMENT

# INSTRUCTIONS AND FORMS

**Do not use these forms if:**

- **The Committee files with the Michigan Department of State <u>and</u>**
- **<u>Spent or received $20,000.00</u> or more in a calendar year.**

**You must file electronically.**

CFR-108 Revised 01/20/2004
Authority granted under P.A. 388 of 1976

**Questions:**

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Bureau of Elections
P.O. Box 20126
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**Electronic Filing Help Desk:**

Merts Plus Helpdesk: 703-749-4642
Merts Plus Email: mertstechsupport@nicusa.com

# INSTRUCTIONS FOR COMPLETING CAMPAIGN STATEMENTS

A Campaign Statement must include a Cover Page and the Schedules that apply to the committee's transactions during the Campaign Statement coverage period. The Schedules are described below:

**Item 1 of each Schedule: COMMITTEE I.D. NUMBER.** Enter the committee's Campaign Finance Identification number as assigned by the filing official on ALL Schedule pages.

**Item 2 of each Schedule: COMMITTEE NAME.** Enter the committee's official name as it appears on the Statement of Organization.

**Schedule 1A, Itemized Contribution:** Used to report direct contributions or loans of money from a person. The committee is required to report the name, address, date and amount of all contributions or loans of money, regardless of amount.

**Schedule 1A-1, Itemized Other Receipts:** Used to report interest received on committee funds held in a financial institution, loans received from financial institutions, or miscellaneous refunds, rebates, returned/uncashed checks, etc. The information must also include the occupation, employer and principal place of business if cumulative contributions from an individual are $100.01 or more in a calendar year.

**Schedule 1-IK, Itemized In-Kind Contributions:** Used to report contributions of goods or services from the candidate or other persons or committees.

**Schedule 1B, Itemized Expenditures:** Used to report expenditures of money by the committee that are $50.01 or more in value. Itemization is required for expenditures of $50.01 or more. Itemization is required for *all* expenditures made to other committees regardless of the amount.

**Schedule 1C, Incidental Office Expense Disbursements:** Used to report disbursements for incidental office expenses. This form is used only by candidates that are office holders to disclose disbursements authorized under Section 9 of the Campaign Finance Act.

**Schedule 1B-G, Get-Out-The-Vote Activities:** Used to report expenditures made for election day busing of voters to the polls, for slate cards, challengers, poll watchers, poll workers, and get-out-the-vote activities such as voter registration drives, telephone banks, etc.

**Schedule 1B-IK, Itemized In-Kind Expenditures:** Used to report the fair market value of goods or services donated to other committees or charitable institutions.

**Schedule 1E, Debts and Obligations:** Used to report funds owed by or owed to the committee and the name and address of any persons who have endorsed or guaranteed a loan from a financial institution for a committee.

**Schedule 1F, Fund Raiser:** Used to report information on fund raisers held by the committee.

**SUBTOTAL:** Enter the total of all transactions on each page of each type of Schedule.

**SCHEDULE TOTAL:** Enter the total of all transactions on the last page of each type of Schedule.

*NUMBER EACH COMPLETED SCHEDULE ON LOWER LEFT-HAND CORNER OF THE SHEET. FOR EXAMPLE NUMBER THE SHEETS "PAGE 1 OF 3," "PAGE 2 OF 3," AND "PAGE 3 OF 3.*

**Cumulative for the Election Cycle on Schedules 1A and 1-IK**

The current "election cycle" begins on the **day following the date of the General Election** in which the office sought by the candidate last appeared on the ballot and ends on the **day of the next General Election** in which the office sought by the candidate will appear on the ballot. For a Special Election, the "election cycle" begins on the day the Special Election is Scheduled or the date the office involved is vacated (whichever occurs earlier) and ends on the date of the Special Election.

Contributions received during the period covered by a Pre-Primary, Post-Primary, Pre-General or Annual Campaign Statement must be cumulated from the day following the date of the last General Election in which the office sought by the candidate appeared on the ballot, through the closing date of the Campaign Statement being completed. Do not add to cumulatives direct or in-kind contributions received by the committee during the period identified above which relate to a previous election cycle. Do not add to cumulatives loans or portions of loans received by the committee during the period identified above which have been repaid by the committee.

Contributions received during the Post General Campaign Statement **prior to or on the date of the General Election that was just held** must be cumulated from the day following the previous General Election in which the office sought by the candidate appeared on the ballot through the date of the most recent General Election. Do not add to cumulatives direct or in-kind contributions received by the committee during the period identified above which do not relate to the election cycle that just ended. Do not add to cumulatives loans or portions of loans received by the committee during the period identified above which have been repaid by the committee.

Contributions received during the Post General Campaign Statement after the date of the General Election that was just held must be cumulated from the day ***after*** the General Election that was just held through the closing date of the Post-General Campaign Statement. Do not add to the cumulatives direct or in-kind contributions received by the committee during the period identified above which do not relate to the election cycle that just began. Do not add to cumulatives loans or portions of loans received by the committee during the period identified above which have been repaid by the committee.

**Designated Contributions**

A contribution received by the committee is considered to be for the current election cycle unless it is designated in writing for a previous election cycle. A contributor can designate a contribution for a previous election cycle if the designation is made in writing; the contributor did not reach the applicable contribution limit set for the candidate in the election cycle identified in the designation; and the designated contribution does not exceed the Candidate Committee's outstanding debts from the election cycle identified in the designation.

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# 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: _____ to _____
Mo Day Year Mo Day Year

1. Committee I.D. Number

2. Committee Name

4. Candidate Last Name First Name M.I.

4a. Office Sought Including District # or Community Served (If applicable)

4b. County of Residence

5. Committee's Mailing Address

Area Code and Phone_____

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

Area Code & Phone (_____)_____-_____

7. Treasurer's Business Address

Area Code and Phone (____) _____

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

Area Code and Phone (_____) _____

9. **TYPE OF STATEMENT**

9a. ☐ Pre-Election **OR** 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary ☐ General

☐ Convention ☐ School

☐ Special ☐ Caucus

Date of Election, Convention or Caucus

_____
Month Day Year

9c. ☐ Annual Statement (_____ Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

_____
Month Day Year

By checking this item, I\We certify that the committee has no assets or outstanding debts, including late filing fees. 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 _____ / _____ Date _____
Type or Print Name Signature Mo Day Year

Candidate _____ / _____ Date _____
Type or Print Name Signature Mo Day Year

Authority granted under P.A. 388 of 1976

# INSTRUCTIONS FOR COMPLETING THE CANDIDATE COMMITTEE COVER PAGE

**ITEM 1: COMMITTEE I.D. NUMBER:** Enter the committee's Campaign Finance Identification Number on each page. The committee's Identification Number appears on the receipt issued upon the submission of the committee's original Statement of Organization.

**ITEM 2: COMMITTEE NAME:** Enter the committee's official name as listed on the committee's Statement of Organization on each page.

**ITEM 3: CAMPAIGN STATEMENT COVERAGE PERIOD:** Enter the dates covered by this Campaign Statement.

**ITEM 4: CANDIDATE NAME:** Enter the candidate's full name (last name, first name, middle initial), the office sought by the candidate, the candidate's county of residence and the candidate's driver license number. If applicable, list the district or jurisdiction number or the name of the community served by the office.

**ITEM 5: COMMITTEE MAILING ADDRESS:** Enter the committee's mailing address and telephone number.

**ITEM 6: TREASURER'S NAME AND ADDRESS:** Enter the committee treasurer's full name, residential address and home phone number.

**ITEM 7: TREASURER'S BUSINESS ADDRESS: Enter the committee treasurer's business** address and phone number.

**ITEM 8: DESIGNATED RECORD KEEPER:** If the committee has a designated record keeper, enter his or her full name, mailing address and phone number.

**ITEM 9: TYPE OF STATEMENT:** Check the appropriate box to indicate the type of Campaign Statement being completed. If the committee is dissolving, refer to the Candidate Committee Manual for information on the dissolution of a committee.

**ITEM 10:VERIFICATION:** The candidate and the treasurer or designated record keeper must verify that all reasonable diligence was used in completion of the Campaign Statement and attached Schedules, and that the contents of the statement are true, accurate and complete to the best of their knowledge and belief. Enter the candidate's and the treasurer's names, or the candidate's and the designated record keeper's names where indicated. The Cover Page must be signed and dated by the candidate and the committee's treasurer or designated record keeper. If the candidate is serving as the committee's treasurer, the candidate signs once on the line for the candidate's signature.

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1. Committee I.D. Number _____

2. Committee Name _____

# SUMMARY PAGE
# CANDIDATE COMMITTEE

| RECEIPTS | | Column I<br>This Period | Column II<br>Cumulative this election cycle |
|---|---|---|---|
| 3. Contributions | | | |
| a. Itemized (Schedule 1A - Column 6) | (3a.) | $ _____ | |
| b. Unitemized (less than $20.01 each - no Schedule) | (3b.) | $ NOT APPLICABLE | |
| c. Subtotal of "Contributions" | (3c.) | $ _____ | (18.) $ _____ |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) | $ _____ | (19.) $ _____ |
| **5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS** (Add Line 3c + Line 4) | (5.) | $ _____ | (20.) $ _____ |
| **IN-KIND CONTRIBUTIONS & EXPENDITURES** | | | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) | $ _____ | (21.) $ _____ |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) | (7.) | $ _____ | (22.) $ _____ |
| **EXPENDITURES** | | | |
| 8. Expenditures | | | |
| a. Itemized (Schedule 1B, Column 6) | (8a.) | $ _____ | |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G) | (8b.) | $ _____ | |
| c. Unitemized (less than $50.01 each - no Schedule) | (8c.) | $ _____ | |
| **9. TOTAL EXPENDITURES** (Add Line 8a + Line 8b + Line 8c) | (9.) | $ _____ | (23.) $ _____ |
| **INCIDENTAL EXPENSE DISBURSEMENTS** (Officeholders Only) | | | |
| 10. Disbursements<br>a. Itemized (Schedule 1C, Column 6) | (10a.) | $ _____ | |
| b. Unitemized (less than $50.01 each - no Schedule) | (10b.) | $ _____ | |
| **11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS** (Add Line 10a + Line 10b) | (11.) | $ _____ | (24.) $ _____ |
| **DEBTS AND OBLIGATIONS** | | | |
| 12. Debts and Obligations | | | |
| a. Owed **by** the Committee (Schedule 1E) | (12a.) | $ _____ | |
| b. Owed **to** the Committee (Schedule 1E) | (12b.) | $ _____ | |

**BALANCE STATEMENT**

| | | |
|---|---|---|
| 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) | (13.) | $ _____ |
| 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) | (14.) + | $ _____ |
| 15. SUBTOTAL Add lines 13 and 14 | (15.) = | $ _____ |
| 16. Amount expended during reporting period (Add lines 9 and 11) | (16.) - | $ _____ |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) | $ _____ * |

# INSTRUCTIONS FOR COMPLETING THE CANDIDATE COMMITTEE SUMMARY PAGE

**ITEM 3a: CONTRIBUTIONS:** Enter in Column I, the grand total of direct contributions listed on the Itemized Contributions Schedule, 1A. Enter the cumulative amount of the direct contributions received for the election cycle on **Line 18** of Column II.

**ITEM 4: OTHER RECEIPTS:** Enter in Column I, the grand total of "other receipts" listed on the Itemized Other Receipts Schedule, 1A-1. Enter the cumulative amount of "other receipts" received for the election cycle on **Line 19** in Column II.

**ITEM 5: TOTAL CONTRIBUTIONS AND OTHER RECEIPTS:** Enter in Column I, the sum of column I, Lines 3c and 4. Enter in Column II, **Line 20,** the sum of Column II, Lines 18 and 19.

**ITEM 6: IN-KIND CONTRIBUTIONS:** Enter in Column I, the grand total of in-kind contributions reported in Column 7 of the Itemized In- kind Contributions Schedule, 1-IK. Enter the cumulative amount for this election cycle on **Line 21,** Column II.

**ITEM 7: IN-KIND EXPENDITURES:** Enter in Column I, the grand total of in-kind expenditures reported in Column 6 of the Itemized In-kind Expenditures Schedule, IB-IK. Enter the cumulative amount for this election cycle on **Line 22,** Column II.

**ITEM 8a: ITEMIZED EXPENDITURES:** Enter in Column I, the grand total of expenditures listed on the Itemized Expenditures Schedule, IB. **ITEM 8b: ITEMIZED GET-OUT-THE-VOTE ACTIVITIES:** Enter in Column I, the grand total of get-out-the-vote expenditures reported in Column 6 of Schedule B-G. **ITEM 8c: UNITEMIZED EXPENDITURES:** Enter in Column I, the grand total of expenditures of $50.00 or less that were not itemized on Schedule 1B.

**ITEM 9: TOTAL EXPENDITURES:** Enter in Column I, the sum of Lines 8a, 8b and 8c. Enter the cumulative amount of expenditures made by the committee for the election cycle on **Line 23** in Column II.

**ITEM 10a: ITEMIZED INCIDENTAL OFFICE EXPENSE DISBURSEMENTS:** Enter in Column I, the total of incidental office expense disbursements reported on Schedule 1C.

**ITEM 10b: UNITEMIZED INCIDENTAL OFFICE EXPENSE DISBURSEMENTS:** Enter in Column I, the total of incidental office expense disbursements of $50.00 or less that were not itemized on Schedule 1C.

**ITEM 11: TOTAL INCIDENTAL OFFICE EXPENSE DISBURSEMENTS:** Enter in Column I, the sum of Lines 10a and 10b. Enter the cumulative amount of incidental office expense disbursements made by the committee during this election cycle on **Line 24** in Column II.

**ITEM 12a: DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE:** Enter the grand total of debts and obligations owed by the committee at the closing date of the Campaign Statement which were listed on the Debts and Obligations Schedule, 1E.

**ITEM 12b: DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE:** Enter the grand total of the debts and obligations owed to the committee at the closing date of the Campaign Statement which were listed on the Debts and Obligations Schedule, 1E.

**ITEM 13: ENDING BALANCE:** Enter the "Ending Balance" from the last Campaign Statement filed by the committee. This is the "Beginning Balance" for the current reporting period. If this is the first Campaign Statement filed enter "Zero."

**ITEM 14: TOTAL CONTRIBUTIONS AND OTHER RECEIPTS:** Enter the "Total Contributions and Other Receipts" received during the period covered by the Campaign Statement being completed (Column I, line 5).

**ITEM 15: SUB-TOTAL:** Enter the sum of Lines 13 and 14.

**ITEM 16: TOTAL EXPENDITURES:** Add together the expenditure amount in Column I, line 9 and the disbursement amount in Column I, line 11.

**ITEM 17: ENDING BALANCE:** Subtract line 16 from line 15. The result should reflect the ending cash balance in the committee's checking account on the closing date of the Campaign Statement. If the ending balance is a negative amount, recheck the math on each Schedule. A negative balance indicates that the committee has reported spending money that is not reported as having been received.

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# ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number _____

2. Committee Name_____

| 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 from committees 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_____<br>Name:<br>Address:<br>**5. If over $100.00 cumulative, please provide:**<br>Occupation _____Employer_____<br>Business Address _____<br>Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt_____<br>Name:<br>Address:<br>**5. If over $100.00 cumulative, please provide:**<br>Occupation _____Employer_____<br>Business Address _____<br>Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser | | |
| 3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt_____<br>Name:<br>Address:<br>**5. If over $100.00 cumulative, please provide:**<br>Occupation _____Employer_____<br>Business Address _____<br>Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser | | |
| 3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt_____<br>Name:<br>Address:<br>**5. If over $100.00 cumulative, please provide:**<br>Occupation _____Employer_____<br>Business Address _____<br>Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser | | |
| Page Subtotal | | |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) | | |

Enter this total on line 3 of Summary Page.

Page _____ of _____

# INSTRUCTIONS FOR SCHEDULE 1A, ITEMIZED CONTRIBUTIONS

**ITEM 3: NAME AND ADDRESS:** Enter the complete name and address of each individual, committee, group, business, firm or other type of organization that made a contribution in any amount during the period covered by the Campaign Statement. If the contribution is from an individual, enter last name, first name, and middle initial. If the contribution is from a committee (Candidate, Political, Independent or Political Party), enter the committee name and address; do not enter the name of the individual who signed the check. If the contribution is from a Political Committee or an Independent Committee, check the "PAC Receipt? Yes" box. If the contribution is from any source that is not a PAC, leave the box unmarked. If the contribution is from a partnership that has requested attribution to individual partners, the individuals' names and addresses are reported with their proportion of the contribution. Do not report the name of the partnership. If the contribution is from a person or group that is not an individual or a registered committee, or if the contribution is from an out-of-state committee, the name and address of the committee is reported on Schedule 1A with the notation "Memo Itemization Below" written above the name of the contributor. In the space for the next contribution record immediately following this entry enter the notation "Memo Itemization" and the name and address, date and amount for each person whose contribution was a part of the total contribution.

**ITEM 4: DATE OF RECEIPT:** Enter the date the contribution was actually received by the treasurer, designated record keeper or other agent designated by the treasurer. Do not enter the date the check was written or the date the contribution was deposited. Only report on the Schedule the contributions received during the period covered by the Campaign Statement.

**ITEM 5: CONTRIBUTOR'S OCCUPATION, EMPLOYER, and BUSINESS ADDRESS:** Complete if the contributor's cumulative contribution for the election cycle exceeds $100.00. It applies only to individuals; do not make an entry in the item if the reported contribution is from a committee. If the contribution is from an unincorporated business, use this section to indicate "Not Incorporated."

**TYPE OF CONTRIBUTION:** There are only two types of contributions of money: DIRECT contributions and LOANS from a person (a person other than a financial institution in the ordinary course of business). Check the appropriate box for each contribution. If the contribution is a loan from a person, it must also be reflected on Schedule 1E, Debts and Obligations, as a debt if there is an outstanding balance on the closing date of the Campaign Statement. Check both the **Direct** box and the **Loan From a Person** box. If the contribution was received as a fund raiser contribution or as the purchase price of a ticket to the recipient candidate's fund raising event, check both the **Direct** box and the **Fund Raiser** box.

**ITEM 6: AMOUNT OF CONTRIBUTION:** List each contribution separately by date, even if two or more contributions are received from the same person.

**ITEM 7: CUMULATIVE FOR THE ELECTION CYCLE:** Enter the cumulative amount of all contributions received from the contributor for the election cycle through the date of the contribution being reported. Also include the value of any in-kind contributions of goods or services received through this date from the contributor when calculating the cumulative amount.

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

1. Committee I.D. Number_____

2. Committee Name_____

| 3. Name & Address From Whom Received | 4. Date of Receipt | 5. Type of Receipt | 6. Amount |
|---|---|---|---|
| Receipt #1<br>Name:<br>Address: | Date of Receipt _____<br>☐ Fund Raiser | ☐ Loan from a Lending Institution<br>☐ Interest<br>☐ Refund \Rebate<br>☐ Other (Specify) _____ | |
| Receipt #2<br>Name:<br>Address: | Date of Receipt _____<br>☐ Fund Raiser | ☐ Loan from a Lending Institution<br>☐ Interest<br>☐ Refund \Rebate<br>☐ Other (Specify) _____ | |
| Receipt #3<br>Name:<br>Address: | Date of Receipt _____<br>☐ Fund Raiser | ☐ Loan from a Lending Institution<br>☐ Interest<br>☐ Refund \Rebate<br>☐ Other (Specify) _____ | |
| Receipt #4<br>Name:<br>Address: | Date of Receipt _____<br>☐ Fund Raiser | ☐ Loan from a Lending Institution<br>☐ Interest<br>☐ Refund \Rebate<br>☐ Other (Specify) _____ | |
| Receipt #5<br>Name:<br>Address: | Date of Receipt _____<br>☐ Fund Raiser | ☐ Loan from a Lending Institution<br>☐ Interest<br>☐ Refund \Rebate<br>☐ Other (Specify) _____ | |
| Receipt #6<br>Name:<br>Address: | Date of Receipt _____<br>☐ Fund Raiser | ☐ Loan from a Lending Institution<br>☐ Interest<br>☐ Refund \Rebate<br>☐ Other (Specify) _____ | |
| Receipt #7<br>Name:<br>Address: | Date of Receipt _____<br>☐ Fund Raiser | ☐ Loan from a Lending Institution<br>☐ Interest<br>☐ Refund \Rebate<br>☐ Other (Specify) _____ | |
| | | Page Subtotal | |
| | | Grand Total of All Schedules 1A -1<br>(Complete on last page of Schedule) | |

Enter this total on line 4 of Summary Page

Page _____ of _____

# INSTRUCTIONS FOR SCHEDULE 1A-1, OTHER RECEIPTS

**ITEM 3: NAME AND ADDRESS:** Enter the name and address of the source from which the money was received.

**ITEM 4: DATE OF RECEIPT:** Enter the date the money was actually received by the treasurer, designated record keeper or other agent designated by the treasurer.

**ITEM 5: TYPE OF RECEIPT:** Check the appropriate box to indicate the type of "other receipt": a loan from a lending institution, interest earned on the committee's bank account, a refund or rebate of a deposit, or "other." If "other," provide a brief description in the space provided, such as "returned check" or Areturn of excess contribution", etc. If the receipt is in relation to a fund raising event, check the "Fund Raiser" box.

**ITEM 6: AMOUNT:** Enter the total amount of the receipt.

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# ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK CANDIDATE COMMITTEE

1. Committee I. D. Number _____

2. Committee Name _____

| 3. Name and Address from whom received<br>If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions. | 4. Type of In-Kind Contribution (Check applicable box)<br>5. Date of Receipt<br>6. Name & Address of Vendor from whom goods or services were purchased | 7. Amount or Fair Market Value | 8. Cumulative for Election Cycle (Through date in Item 5) |
|---|---|---|---|
| Contribution # 1 PAC Receipt? ☐ Yes<br>Name<br>Address:<br>**If over $100.00 cumulative, please provide:**<br>Occupation:<br>Employer:<br>Business Address:<br>☐ Fund Raiser Contribution | 4. ☐ Endorsement or Guarantee of Bank Loan<br>☐ Goods Donated or Loaned ☐ Services Donated<br>☐ Goods or Services Purchased by Candidate or Others<br>☐ Goods or Services Purchased by Candidate or Others- **LOAN**<br>Description _____<br>5. Date Of Receipt: _____<br>6. **Vendor Name & Address:**_____<br>_____ | | |
| Contribution # 2 PAC Receipt? ☐ Yes<br>Name<br>Address:<br>**If over $100.00 cumulative, please provide:**<br>Occupation:<br>Employer:<br>Business Address:<br>☐ Fund Raiser Contribution | 4. ☐ Endorsement or Guarantee of Bank Loan<br>☐ Goods Donated or Loaned ☐ Services Donated<br>☐ Goods or Services Purchased by Candidate or Others<br>☐ Goods or Services Purchased by Candidate or Others- **LOAN**<br>Description _____<br>5. Date Of Receipt:_____<br>6. **Vendor Name & Address:**_____<br>_____ | | |
| Contribution #3 PAC Receipt? ☐ Yes<br>Name<br>Address:<br>**If over $100.00 cumulative, please provide:**<br>Occupation:<br>Employer:<br>Business Address:<br>☐ Fund Raiser Contribution | 4. ☐ Endorsement or Guarantee of Bank Loan<br>☐ Goods Donated or Loaned ☐ Services Donated<br>☐ Goods or Services Purchased by Candidate or Others<br>☐ Goods or Services Purchased by Candidate or Others- **LOAN**<br>Description _____<br>5. Date Of Receipt: _____<br>6. **Vendor Name & Address:**_____<br>_____ | | |

| | |
|---|---|
| Page Subtotal<br>Grand Total of all Schedules 1-IK<br>(Complete on last page of Schedule) | |

Enter this total on line 6 of Summary Page

Page _____ of _____

# INSTRUCTIONS FOR SCHEDULE 1-IK, ITEMIZED IN-KIND CONTRIBUTIONS

**ITEM 3: CONTRIBUTOR'S NAME AND ADDRESS:** If the in-kind contribution is from an individual, please enter last name first. If the contribution is from a Political Committee or an Independent Committee, check the "**PAC Receipt? "Yes**" box. If the contribution is from any other source, leave the box unmarked. **CCONTRIBUTOR'S OCCUPATION, EMPLOYER, AND BUSINESS ADDRESS:** Complete this item only if the cumulative value of in-kind and direct contributions from the contributor exceeds $100.00 in a calendar year. If the in-kind contribution is received in relation to a fund raising event, check the "Fund Raiser" Box.

**ITEM 4: TYPE OF IN-KIND CONTRIBUTION:** Check one of the five indicated categories for each in-kind contribution. **DESCRIPTION:** Enter a brief description of each in-kind contribution that identifies the goods or services contributed.

**ITEM 5: DATE OF RECEIPT:** Enter the date the in-kind contribution was received. The date entered must be within the period covered by the Campaign Statement.

**ITEM 6: VENDOR NAME AND ADDRESS:** If the in-kind contribution consists of goods or services purchased on behalf of the committee by another person, enter the name and address of the vendor or person where the goods or services were purchased.

**ITEM 7: AMOUNT:** Enter the fair market value of the contribution; if the contribution was purchased, enter the purchase price.

**ITEM 8: CUMULATIVE FOR ELECTION CYCLE:** Add the value of the in-kind contribution to other contributions made by the same contributor during the election cycle. The contributions are cumulative in date order.

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BUREAU OF ELECTIONS

# ITEMIZED EXPENDITURES
# SCHEDULE 1B
# CANDIDATE COMMITTEE

1. Committee I. D. Number_____

2. Committee Name _____

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Describe specific purpose and you may assign an Expenditure Code) | 5. Date | 6. Amount |
|---|---|---|---|
| Expenditure #1<br>Name<br>Address<br>☐ Fund Raiser | Purpose: _____<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #2<br>Name<br>Address<br>☐ Fund Raiser | Purpose:_____<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement_ | | |
| Expenditure #3<br>Name<br>Address<br>☐ Fund Raiser | Purpose: _____<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #4<br>Name<br>Address<br>☐ Fund Raiser | Purpose: _____<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #5<br>Name<br>Address<br>☐ Fund Raiser | Purpose: _____<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | | |

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

Enter this total on line 8a of Summary Page

Page _____ of _____

# INSTRUCTIONS FOR SCHEDULE 1B, ITEMIZED EXPENDITURES

**ITEM 3: NAME AND ADDRESS OF PERSON OR VENDOR PAID:** Enter the name and address of :

1) Each individual or business to which the committee made an expenditure of more than $50.00 through a single expenditure or through a series of expenditures made during the period covered by the Campaign Statement.

2) Each individual or business to which the committee made an expenditure in any amount during the period covered by the Campaign Statement which was made to support or oppose a ballot question.

3) Each committee to which the committee made an expenditure in any amount during the period covered by the Campaign Statement. If the expenditure was made to support or oppose a ballot proposal, it must be made to influence the nomination or election of the candidate whose committee is making the expenditure. In the purpose field, identify the proposal and indicate whether it is a statewide, multi-county or single county issue. If listing a single county issue, list the county involved. If listing a multi-county issue, list the county where the greatest number of electors eligible to vote on the issue reside.

Report additional detail information for this expenditure as a Memo Itemization as explained below.

- MEMO ITEMIZATIONS. Report the gross expenditure made by the committee with the notation **"Memo Itemization Below"** written above the name of the person, business or vendor to whom the payment was made by the committee, the date of the payment, and the total amount paid.
- In the space for the next expenditure record immediately following this entry, enter the notation **"Memo Itemization"** and indicate the ballot proposal involved. Check the applicable boxes for in-kind or independent, support or oppose and enter the date of the expenditure. Report the allocated amount for the proposal in parenthesis as a reminder that it is not to be added into the total again. Enter the cumulative expenditure amount for that proposal (for the election) through the date of the expenditure being itemized. Repeat until the itemization is completed for each proposal related to the expenditure being itemized.

**ITEM 4: PURPOSE:** Describe the purpose of the expenditure. Check the box if the expenditure was made as a payment on a debt or obligation owed by the committee that was reported on a previous Campaign Statement.

**ITEM 5: DATE OF EXPENDITURE:** Enter the date the expenditure was made.

**ITEM 6: AMOUNT OF EXPENDITURE:** Enter the amount of the expenditure.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

# ITEMIZED IN-KIND EXPENDITURES
# SCHEDULE 1B – IK

## CANDIDATE COMMITTEE

1. Committee I. D. Number _____

2. Committee Name _____

| 3. Name and Address of person to whom goods or services were donated or transferred. | 4. Type of In-Kind Expenditure (Check appropriate box and fill in description) | 5. Date: | 6. Fair Market Value |
|---|---|---|---|
| Expenditure #1<br>Name<br>Address | 4. ☐ Donation of goods or services to a Ballot Question Committee<br>☐ Donation of assets to tax exempt charitable Institution<br>☐ Donation of assets to Political Party Committee<br>☐ Other<br>Description _____<br>_____ | | |
| Expenditure #2<br>Name<br>Address | 4. ☐ Donation of goods or services to a Ballot Question Committee<br>☐ Donation of assets to tax exempt charitable institution<br>☐ Donation of assets to Political Party Committee<br>☐ Other<br>Description _____<br>_____ | | |
| Expenditure #3<br>Name<br>Address | 4. ☐ Donation of goods or services to a Ballot Question Committee<br>☐ Donation of assets to tax exempt charitable institution<br>☐ Donation of assets to Political Party Committee<br>☐ Other<br>Description_____<br>_____ | | |
| | | Page Subtotal | |
| | | Grand Total of all Schedules 1B-IK (Complete on last page of Schedule) | |

Enter this total on line 7 of the Summary Page

Page _____ of _____

# INSTRUCTIONS FOR SCHEDULE 1B-IK, ITEMIZED IN-KIND EXPENDITURES

**ITEM 3: NAME AND ADDRESS OF PERSON OR ORGANIZATION TO WHOM THE GOODS OR SERVICES WERE DONATED OR TRANSFERRED:** Enter the name and address of each person to whom goods or services were donated or transferred.

**ITEM 4: TYPE OF IN-KIND EXPENDITURE:** Check the appropriate box to indicate the type of donation or transfer that was made. If the type is not specifically listed on the form, specify the nature of the expenditure in the space provided.

**ITEM 5: DATE:** Enter the date on which the expenditure was made.

**ITEM 6: AMOUNT:** Enter the fair market value of the goods or services donated or transferred.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

# EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES
## SCHEDULE 1 B - G
## CANDIDATE COMMITTEE

1. Committee I.D. Number _____

2. Committee Name_____

**USE THIS FORM TO REPORT EXPENDITURES MADE FOR ELECTION DAY BUSING OF VOTERS TO THE POLLS, FOR SLATE CARDS, CHALLENGERS, POLL WATCHERS, POLL WORKERS, AND GET-OUT-THE VOTE ACTIVITY.** Describe the specific Get-Out-The -Vote activity in Item 4f.

**ALL** EXPENDITURES ARE REQUIRED TO BE ITEMIZED.

| 3. Name and address of person or vendor to whom the expenditure was made | 4. Type of Activity | 5. Date | 6. Amount |
|---|---|---|---|
| Expenditure #1 Name & Address:<br><br>For Activity Type b-f, check one:<br>☐ In-Kind ☐ Independent<br><br>If in support of, or in opposition to, a ballot proposal, check one:<br>☐ Support ☐ Oppose<br><br>Statewide Proposal Name _____ | a. ☐ Election Day Busing of Voters To The Polls<br>b. ☐ Slate Cards c. ☐ Challengers<br>d. ☐ Poll Watchers e. ☐ Poll Workers<br>f. ☐ Get-Out-The Vote Activity (Specify):<br>_____<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement<br><br>Local Proposal Name _____Indicate County _____ | | $ _____ |
| Expenditure #2 Name & Address:<br><br>For Activity Type b-f, check one:<br>☐ In-Kind ☐ Independent<br><br>If in support of, or in opposition to, a ballot proposal, check one:<br>☐ Support ☐ Oppose<br><br>Statewide Proposal Name _____ | a. ☐ Election Day Busing of Voters To The Polls<br>b. ☐ Slate Cards c. ☐ Challengers<br>d. ☐ Poll Watchers e. ☐ Poll Workers<br>f. ☐ Get-Out-The Vote Activity (Specify):<br>_____<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement<br><br>Local Proposal Name _____Indicate County_____ | | $ _____ |
| Expenditure #3 Name & Address:<br><br>For Activity Type b-f, check one:<br>☐ In-Kind ☐ Independent<br><br>If in support of, or in opposition to, a ballot proposal, check one:<br>☐ Support ☐ Oppose<br><br>Statewide Proposal Name _____ | a. ☐ Election Day Busing of Voters To The Polls<br>b. ☐ Slate Cards c. ☐ Challengers<br>d. ☐ Poll Watchers e. ☐ Poll Workers<br>f. ☐ Get-Out-The Vote Activity (Specify):<br>_____<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement<br><br>Local Proposal Name _____Indicate County_____ | | $ _____ |

| | |
|---|---|
| Subtotal this page | |
| Grand Total of all Schedules 1B-G)<br>(Complete on last page of Schedule | |

Enter total on Line 8b Summary Page

Page _____ of _____

# INSTRUCTIONS FOR SCHEDULE B-G, GET OUT THE VOTE

**ITEM 3: NAME AND ADDRESS OF PERSON OR VENDOR TO WHOM THE EXPENDITURE WAS MADE:** Enter the name and address of each person paid for voter registration or get-out-the-vote activities. If other persons were paid by the person listed here, use Memo Itemizations to report their names, the dates the payments were made, and the amounts paid. Check the appropriate box (In-Kind, Independent, Support, Oppose) to indicate the nature of the expenditure.

**ITEM 4: TYPE OF ACTIVITY:** Check the appropriate box (Election Day Busing of Voters to the Polls, Slate Cards, Challengers, Poll Watchers, Poll Workers, Get-Out-the-Vote-Activity) to indicate the type of activity for which the expenditure was made. For get-out-the-vote activities (such as phone banks and voter registration expenditures) that do not have a check box listed on the form, specify the particular activity in the space provided.

**ITEM 5: DATE:** Enter the date on which the expenditure was made.

**ITEM 6: AMOUNT:** Enter the amount of the expenditure.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

# INCIDENTAL OFFICE EXPENSE DISBURSEMENTS SCHEDULE 1C CANDIDATE COMMITTEE

(For use by officeholders only)

1. Committee I. D. Number _____

2. Committee Name _____

_____

| 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<br>Name<br>Address<br>☐ Check box if this disbursement is payment of debt or obligation reported on previous statement | Purpose_____<br>_____<br>Disbursement Code _____<br>☐ Fund Raiser | | |
| Disbursement # 2<br>Name<br>Address<br>☐ Check box if this disbursement is payment of debt or obligation reported on previous statement | Purpose_____<br>_____<br>Disbursement Code _____<br>☐ Fund Raiser | | |
| Disbursement # 3<br>Name<br>Address<br>☐ Check box if this disbursement is payment of debt or obligation reported on previous statement | Purpose_____<br>_____<br>Disbursement Code _____<br>☐ Fund Raiser | | |
| Disbursement # 4<br>Name<br>Address<br>☐ Check box if this disbursement is payment of debt or obligation reported on previous statement | Purpose_____<br>_____<br>Disbursement Code _____<br>☐ 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**

Page _____ of _____

## INSTRUCTIONS FOR SCHEDULE 1C, ITEMIZED INCIDENTAL DISBURSEMENTS

The Candidate Committee of an incumbent officeholder uses Schedule 1C to report disbursements made for incidental office expenses. Such disbursements are not made to influence the nomination or election of the candidate. **Incidental office expense disbursements may only be made by the committee of an incumbent officeholder.** Other candidates do not have incidental office expenses as defined by the Campaign Finance Act and therefore do not use Schedule 1C.

**ITEM 3: NAME AND ADDRESS OF PERSON TO WHOM THE DISBURSEMENT WAS MADE:** Enter the name and address of the person who was paid.

**ITEM 4: DESCRIPTION OF DISBURSEMENT:** Describe the purpose of the disbursement. One of the disbursement codes listed on pages 72 and 73 may be used to describe the disbursement in addition to the verbal description.

**ITEM 5: DATE OF DISBURSEMENT:** Indicate the date the check was written to pay the incidental expense.

**ITEM 6: AMOUNT OF DISBURSEMENT:** Indicate the amount paid.

### DISBURSEMENT CODES FOR INCIDENTAL OFFICE EXPENSES

AO - A disbursement necessary to assist, serve, or communicate with a constituent.

BO - A disbursement for equipment, furnishings, or supplies for the office of the public official.

CO - A disbursement for a district office if the district office is not used for campaign-related activity.

DO - A disbursement for the public official or his or her staff, or both, to attend a conference, meeting, reception, or other similar event.

EO - A disbursement to maintain a publicly owned residence or a temporary residence at the seat of government.

FO - An unreimbursed disbursement for travel, lodging, meals or other expenses incurred by the public official, a member of the public official's immediate family. or a member of the public official's staff in carrying out the business of the elective office.

GO - A donation to a tax-exempt charitable organization, including the purchase of tickets to charitable or civic events.

HO - A disbursement to a ballot question committee.

IO - A purchase of tickets for use by that public official and members of his or her immediate family and staff to a fund-raising event sponsored by a candidate committee, independent committee, political party committee, or a political committee that does not exceed $100.00 per committee in any calendar year.

JO - A disbursement for an educational course or seminar that maintains or improves skills employed by the public official in carrying out the business of the elective office.

KO - A purchase of advertisements in testimonials, program books, souvenir books, or other publications if the advertisement does not support or oppose the nomination or election of a candidate.

LO - A disbursement for consultation, research, polling and photographic services not related to a campaign.

MO - A fee paid to a fraternal, veteran, or other service organization.

NO - A payment of tax liability incurred as a result of authorized transactions by the candidate committee of the public official.

OO - A fee for accounting, professional, or administrative services for the candidate committee of the public official.

PO - A debt or obligation incurred by the Candidate Committee of a public official for a disbursement in the previous categories if the debt or obligation was reported in the Candidate Committee report filed for the year in which the debt or obligation arose.

QO - A disbursement for an ordinary and necessary expense pursuant to the IRS business expense code that does not fit into one of the preceding category codes.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

1. Committee I.D. Number _____

2. Committee Name _____

This Schedule itemizes:

a. Γ Debts and obligations owed by or forgiven the committee **OR** b. Γ 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.<br><br>Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any. | 4. Type of Obligation (Indicate type and you may assign an expenditure code)<br>5. Indicate date debt was incurred<br>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? ☐ Yes<br>Owed to or by:<br>_____<br>_____<br>_____ | 4. Type: _____<br>5. **Date Debt Was Incurred**:<br>6. **Original Amount of Debt**:<br>$ _____ | / / $ _____<br>/ / $ _____<br>/ / $ _____<br>/ / $ _____<br>/ / $ _____ | $ _____ | $ _____<br>☐ FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____ | | | | |
| Debt #2 Corp? ☐ Yes<br>Owed to or by:<br>_____<br>_____<br>_____ | 4. Type: _____<br>5. **Date Debt Was Incurred**:<br>6. **Original Amount of Debt**:<br>$ _____ | / / $ _____<br>/ / $ _____<br>/ / $ _____<br>/ / $ _____<br>/ / $ _____ | $ _____ | _____<br>☐ FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____ | | | | |
| Debt #3 Corp? ☐ Yes<br>Owed to or by:<br>_____<br>_____<br>_____ | 4. Type: _____<br>5. **Date Debt Was Incurred**:<br>6. **Original Amount of Debt**:<br>$ _____ | / / $ _____<br>/ / $ _____<br>/ / $ _____<br>/ / $ _____<br>/ / $ _____ | _____ | _____<br>☐ FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____ | | | | |

| | |
|---|---|
| Page Subtotal (Outstanding debt) | |
| Grand Total of all Schedules 1E<br>(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.**

# INSTRUCTIONS FOR SCHEDULE 1E, DEBTS AND OBLIGATIONS

Check **box "a"** if this Schedule 1E will be used to list debts and obligations owed **by or forgiven** the committee. Check **box "b"** if this Schedule 1E will be used to list debts and obligations owed **to or forgiven by** the committee.

**ITEM 3: NAME AND MAILING ADDRESS:** Provide the name and mailing address of the person, vendor or financial institution to whom debt is owed. If the debt is owed to the committee, provide the name and address of the person that owes the committee.

**DEBTS AND OBLIGATIONS OWED BY OR FORGIVEN THE COMMITTEE:** Enter the name and mailing address of any person, vendor or financial institution:

- to whom the committee owes an outstanding amount on a debt or obligation as of the closing date of the Campaign Statement, or
- that forgave a debt during the current reporting period that the committee listed as outstanding on the last Campaign Statement filed.

**DEBTS AND OBLIGATIONS OWED TO OR FORGIVEN BY THE COMMITTEE:** Enter the name and mailing address of any person, vendor or financial institution:

- that owed to the committee an outstanding amount on a debt or obligation prior to the closing date of the Campaign Statement or
- for whom the committee forgave a debt or obligation during the current reporting period that was listed as outstanding on the last Campaign Statement filed by the committee. Check the "**Corp? Yes"** box if the debt is owed to an incorporated business.
- If the debt is a loan and was guaranteed or endorsed by someone, please fill in the requested information in the lower half of the Schedule. A loan endorsement or guarantee is limited by any applicable contribution limit that the Candidate Committee must observe.

**ITEM 4: TYPE OF OBLIGATION:** Describe the debt or obligation

**ITEM 5: DATE DEBT WAS INCURRED:** Enter the date the debt or obligation was incurred. If the committee maintained an ongoing account with a vendor, treat each new charge as a separate debt.

**ITEM 6: ORIGINAL AMOUNT OF DEBT:** Enter the original amount of the debt or obligation. If the committee maintained a running account with a vendor, treat each new charge as a separate debt.

**ITEM 7: DATES AND AMOUNTS OF PAYMENTS:** Enter the amount and the date of each payment on the debt or obligation.

**ITEM 8: CUMULATIVE PAYMENTS:** Enter the total amount paid by or to the committee on the debt or obligation as of the closing date of the Campaign Statement.

**ITEM 9: OUTSTANDING BALANCE:** Enter the outstanding amount owed by or to the committee on the debt or obligation as of the closing date of the Campaign Statement. Check the "**Forgiven**" box if the loan has been forgiven.

**ENDORSEMENT OR GUARANTEE:** Enter the full name of the person who endorsed or guaranteed all or a portion of the loan or other debt. Enter the amount endorsed or guaranteed.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

# FUND RAISER SCHEDULE 1F
# CANDIDATE COMMITTEE

1. Committee I.D. Number _____

2. Committee Name_____

**- USE A SEPARATE SHEET FOR EACH EVENT -**

| 3. Date Event Was Held | 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 |
|---|---|---|---|
| _____<br>Month Day Year | | | ☐ Private Residence |

7. Total Contributions _____

8. Other Receipts _____

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

10. Total Cost of Event _____
(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.

# INSTRUCTIONS FOR SCHEDULE 1F, FUND RAISER

**ITEM 3: DATE OF EVENT:** Enter the date the fund raising event was held.

**ITEM 4: NUMBER OF PEOPLE ATTENDING:** Enter the larger of the following two numbers: 1) the number of persons who attended the fund raising event or 2) the number of persons who contributed to the committee in connection with the fund raising event.

**ITEM 5: TYPE OF FUND RAISING ACTIVITY:** Describe the type of fund raising event held. Examples: "Spaghetti Dinner"; "Auction"; "Dance."

**ITEM 6: NAME AND ADDRESS OF PLACE:** Enter the address and name (if any) of the facility where the fund raising event was held. Check the **"Private Residence"** box if the event was held at a private residence. This tells the filing official that there should be no expenditures on Schedule 1B for hall rental for this fund raiser.

**ITEM 7: TOTAL CONTRIBUTIONS:** Enter the total amount of contributions received by the committee in connection with the fund raising event.

**ITEM 8: OTHER RECEIPTS:** Enter the amount of any "other receipts" the committee received in connection with the fund raising event. This would include, for example, refunds of deposits made by the committee in connection with the event.

**ITEM 9: GROSS RECEIPTS:** Enter the total of lines 7 and 8. This provides the gross receipts received by the committee in connection with the fund raising event, no matter when they were received.

**ITEM 10: TOTAL COST OF EVENT:** Enter the total cost of holding the fund raising event. This includes the value of in-kind contributions in addition to any expenditures made for the event.

**ITEM 11: JOINT FUND RAISERS:** If the event held was a joint fund raiser, check the box and enter the name(s) of the co-sponsor(s) of the event. Show the percentage of the contributions received by each of the co-sponsors and the percentage of the fund raiser costs paid by each of the co-sponsors. Always include the committee that is filing this Campaign Statement in the list of co-sponsors.

# EXAMPLE PAGES FOLLOW

# DO NOT USE SAMPLES

# FOR INFORMATION AND EXAMPLE ONLY

# EXAMPLE ONLY: DO NOT USE

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

## CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 07/22/2002 (Mo Day Year) To: 08/26/2002 (Mo Day Year)

1. Committee I.D. Number
651246-9

2. Committee Name
JANET WISOM FOR STATE REP

4. Candidate Last Name: WISDOM
First Name: JANET D
M.I.:

4a. Office Sought Including District # or Community Served (If applicable)
State Representative DISTRICT 5

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

5. Committee's Mailing Address
P O BOX 4597
WOODRUFF MI 48291-0597
Area Code and Phone (313) 921-6783

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
EDGAR WISDOM
1598 TAYLOR AVE
CORNING MI 48292
Area code & Phone (313) 555-2378
Driver License # (Optional)

7. Treasurer's Business Address
123 Main Street
Corning MI 48292
Area Code and Phone (313) 555-9170

8. Designated Recordkeeper's Name and Mailing Address (If the committee has a Designated Recordkeeper)
Area Code and Phone
Driver License # (Optional)

9. TYPE OF STATEMENT

9a. ☐ Pre-Election OR 9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

☒ Primary ☐ General
☐ Convention ☐ School
☐ Special ☐ Caucus

Date of Election, Convention or Caucus
08/05/2002
Month Day Year

9c. ☐ Annual Statement (_____ Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee
Effective Date of Dissolution
Mon Day Year

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

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

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

Current Treasurer or Designated Recordkeeper: EDGAR WISDOM
Type or Print Name / Signature / Date 08/28/2002 (Mo Day Year)

Candidate: JANET D WISDOM
Type or Print Name / Signature / Date 08/28/2002 (Mo Day Year)

Authority granted under P.A. 388 of 1976

CFR Rev 7/1999

# EXAMPLE ONLY: DO NOT USE

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

1. Committee I.D. Number 651246-9
2. Committee Name JANET WISOM FOR STATE REP

**SUMMARY PAGE**
**CANDIDATE COMMITTEE**

| RECEIPTS | | Column I This Period | | Column II Cumulative this election cycle |
|---|---|---|---|---|
| 3. Contributions | | | | |
| a. Itemized (Schedule 1A - Column 6) | (3a.) $ | 55850.00 | | |
| b. Unitemized (less than $20.01 each - no Schedule) | (3b.) $ | 0.00 | | |
| c. Subtotal of "Contributions" | (3c.) $ | 55850.00 | (18.) $ | 65850.00 |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) $ | 5318.38 | (19.) $ | 5318.38 |
| **5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS** (Add Line 3c + Line 4) | (5.) $ | 61168.38 | (20.) $ | 71168.38 |
| **IN-KIND CONTRIBUTIONS & EXPENDITURES** | | | | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) $ | 3771.05 | (21.) $ | 3771.05 |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) | (7.) $ | 595.00 | (22.) $ | 595.00 |
| **EXPENDITURES** | | | | |
| 8. Expenditures | | | | |
| a. Itemized (Schedule 1B, Column 6) | (8a.) $ | 15238.10 | | |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G) | (8b.) $ | 1374.52 | | |
| c. Unitemized (less than $50.01 each - no Schedule) | (8c.) $ | 75.00 | | |
| **9. TOTAL EXPENDITURES** (Add Line 8a + Line 8b + Line 8c) | (9.) $ | 16687.62 | (23.) $ | 24187.62 |
| **INCIDENTAL EXPENSE DISBURSEMENTS** (Officeholders Only) | | | | |
| 10. Disbursements | | | | |
| a. Itemized (Schedule 1C, Column 6) | (10a.) $ | 1151.20 | | |
| b. Unitemized (less than $50.01 each - no Schedule) | (10b.) $ | 0.00 | | |
| **11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS** (Add Line 10a + Line 10b) | (11.) $ | 1151.20 | (24.) $ | 1151.20 |
| **DEBTS AND OBLIGATIONS** | | | | |
| 12. Debts and Obligations | | | | |
| a. Owed by the Committee (Schedule 1E) | (12a.) $ | 30000.00 | | |
| b. Owed to the Committee (Schedule 1E) | (12b.) $ | 2500.00 | | |

**BALANCE STATEMENT**

| | | |
|---|---|---|
| 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) | (13.) $ | 2500.00 |
| 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) | (14.) + | 61168.38 |
| 15. SUBTOTAL Add Lines 13 and 14 | (15.) = | 63668.38 |
| 16. Amount expended during reporting period (Add lines 9 and 11) | (16.) - | 17838.82 |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) $ | 45829.56 * |

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

CFR Rev 7/1999c-sum

Authority granted under P.A. 388 of 1976

# EXAMPLE ONLY: DO NOT USE

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**ITEMIZED CONTRIBUTIONS**
**SCHEDULE 1A**
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 651246-9

2. Committee Name JANET WISOM FOR STATE REP

| Enter contributor's name and address. If contribution if from an individual and the amount is $20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt ) |
|---|---|---|
| 3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 07/22/2002<br>Name: JAMES E BROWNING<br>Address: 71534 BALFOUR<br>GUNNING MI 48294<br>5. If over $100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser | 75.00 | 75.00 |
| 3. Contribution # 2 PAC Receipt? ☐ YES 4. Date of Receipt 07/22/2002<br>Name: EDGAR WISDOM<br>Address: 1598 TAYLOR AVE<br>CORNING MI 48292<br>5. If over $100.00 cumulative, please provide:<br>Occupation Salesmen/Spouse of Ca-nd Employer AAA Insurance Company<br>Business Address 123 Main Street Corning MI 48292<br>Type of Contribution: ☒ Direct ☒ Loan from a person ☐ Fund Raiser | 25000.00 | 25000.00 |
| 3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 07/22/2002<br>Name: JANET D WISDOM<br>Address: 1598 TAYLOR AVE<br>CORNING MI 48294<br>5. If over $100.00 cumulative, please provide:<br>Occupation TEACHER/CANDIDATE Employer CORNING PUBLIC SCHOOLS<br>Business Address 19521 AUBURN BLVD CORNING MI 48294<br>Type of Contribution: ☒ Direct ☒ Loan from a person ☐ Fund Raiser | 25000.00 | 25000.00 |
| 3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 07/23/2002<br>Name: JAMES E BROWNING<br>Address: 71534 BALFOUR<br>GUNNING MI 48294<br>5. If over $100.00 cumulative, please provide:<br>Occupation RETIRED Employer RETIRED<br>Business Address _____<br>Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser | 425.00 | 500.00 |
| Page Subtotal | 50500.00 | |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) | | |

Enter this total on line 3a of Summary Page

 Authority granted under P.A. 388 of 1976 CFR 7/1999c-1a

# EXAMPLE ONLY: DO NOT USE

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**ITEMIZED CONTRIBUTIONS**
**SCHEDULE 1A**
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 651246-9

2. Committee Name JANET WISOM FOR STATE REP

| Enter contributor's name and address. If contribution if from an individual and the amount is $20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|---|---|
| 3. Contribution # 5 PAC Receipt? ☒ YES 4. Date of Receipt 07/23/2002<br>Name: WE CARE PAC<br>Address: 900 E OUTER DRIVE<br>DETROIT MI 48235<br>5. If over $100.00 cumulative, please provide:<br>Occupation ____ Employer ____<br>Business Address ____<br>Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser | 5000.00 | 5000.00 |
| 3. Contribution # 6 PAC Receipt? ☐ YES 4. Date of Receipt 07/30/2002<br>Name: BY-THE-WAY CLUB<br>Address: 35206 MAYBERRY ST<br>VERNON OH 59188<br>5. If over $100.00 cumulative, please provide:<br>Occupation ____ Employer ____<br>Business Address ____<br>Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser | 350.00<br>Memo - itemization below | 350.00 |
| 3. Contribution # 7 PAC Receipt? ☐ YES 4. Date of Receipt 07/27/2002<br>Name: IRENE WRIGHT<br>Address: 528 MAIN ST<br>VERNON OH 59188<br>5. If over $100.00 cumulative, please provide:<br>Occupation SECRETARY Employer LIGHTING NOW, INC<br>Business Address 2000 E ELM VERNON OH 59188<br>Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser | (145.00)<br>Memo - itemization | |
| 3. Contribution # 8 PAC Receipt? ☐ YES 4. Date of Receipt 07/27/2003<br>Name: ROBERT T WRIGHT<br>Address: 528 MAIN ST<br>VERNON OH 59188<br>5. If over $100.00 cumulative, please provide:<br>Occupation CUSTODIAN Employer AINSLEY CLINIC<br>Business Address 620 OWENS DR VERNON OH 59188<br>Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser | (205.00)<br>Memo - itemization | |
| Page Subtotal | 5350.00 | |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) | 55850.00 | |

Enter this total on line 3a of Summary Page



Authority granted under P.A. 388 of 1976 CFR 7/1999c-1i

# EXAMPLE ONLY: DO NOT USE

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1
CANDIDATE COMMITTEE

Committee I.D. Number 651246-9

2. Committee Name JANET WISOM FOR STATE REP

| 3. Name & Address From Whom Received | 4. Date of Receipt | 5.Type of Receipt | 6. Amount |
|---|---|---|---|
| Receipt # 1<br>Name: ALL KIDS BQ COMMITTEE<br>Address: 5500 VICTORY DRIVE<br>HOPKINS MI 49221 | Date of Receipt 07/30/2002<br>☐ Fund Raiser | ☐ Loan from a Lending Institution<br>☐ Interest<br>☐ Refund \ Rebate<br>☒ Other (Specify) UNCASHED CHECK | 50.00 |
| Receipt # 2<br>Name: STANDARD FEDERAL BANK<br>Address: 812 N WILSHIRE<br>DETROIT MI 48192 | Date of Receipt 08/01/2002<br>☐ Fund Raiser | ☒ Loan from a Lending Institution<br>☐ Interest<br>☐ Refund \ Rebate<br>☐ Other (Specify) LOAN | 5000.00 |
| Receipt # 3<br>Name: JANET D WISDOM<br>Address: 1598 TAYLOR AVE<br>CORNING MI 48294 | Date of Receipt 08/01/2002<br>☐ Fund Raiser | ☐ Loan from a Lending Institution<br>☐ Interest<br>☐ Refund \ Rebate<br>☒ Other (Specify) PER USE OF CAMPAIGN CAR | 96.00 |
| Receipt # 4<br>Name: FLYER MEDIA, INC<br>Address: 983 IRON BLVD<br>GRAND RAPIDS MI 49711 | Date of Receipt 08/02/2002<br>☒ Fund Raiser | ☐ Loan from a Lending Institution<br>☐ Interest<br>☒ Refund \ Rebate<br>☐ Other (Specify) RETURN OF PRINTING DEPOSIT | 150.00 |
| Receipt # 5<br>Name: STANDARD FEDERAL BANK<br>Address: 812 N WILSHIRE<br>DETROIT MI 48192 | Date of Receipt 08/15/2002<br>☐ Fund Raiser | ☐ Loan from a Lending Institution<br>☒ Interest<br>☐ Refund \ Rebate<br>☐ Other (Specify) | 22.38 |

| | |
|---|---|
| Page Subtotal | 5318.38 |
| Grand Total of All Schedules 1A-1 (Complete on last page of Schedule) | 5318.38 |

Enter this total on line 4 of Summary Page


CFR 9/1999c-1a-1

Authority granted under P.A. 388 of 1976

# EXAMPLE ONLY: DO NOT USE

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**ITEMIZED IN-KIND CONTRIBUTIONS**
**SCHEDULE 1-IK**
**CANDIDATE COMMITTEE**

1. Committee I. D. Number 651246-9
2. Committee Name JANET WISOM FOR STATE REP

| 3.Name and Address from whom received<br>If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions. | 4. Type of In-kind Contribution (Check applicable box)<br>5. Date of Receipt<br>6. Name & Address of Vendor from whom goods or services were purchased | 7. Amount or Fair Market Value | 8. Cumulative for Election Cycle (Through date in Item 5) |
|---|---|---|---|
| Contribution # 1 PAC Receipt? ☐ Yes<br>Name: EDGAR WISDOM<br>Address:<br>1598 TAYLOR AVE<br>CORNING MI 48292<br>**If over $100.00 cumulative, please provide:**<br>Occupation: Salesmen/Spouse of Cand<br>Employer: AAA Insurance Company<br>Business Address:<br>123 Main Street<br>Corning MI 48292<br>☒ Fund Raiser Contribution | 4. ☐ Endorsement or Guarantee of Bank Loan<br>☐ Goods Donated or Loaned ☐ Services Donated<br>☒ Goods or Services Purchased by Candidate or Others<br>☐ Goods or Services Purchased by Candidate or Others- **LOAN**<br>Description PARTY FAVORS<br>5. Date OF RECEIPT: 07/23/2002<br>6. **VENDOR NAME & ADDRESS:** DAISY PRINTING<br>555 N ADAMS<br>GRAND RAPIDS MI 49711 | 150.00 | 25150.00 |
| Contribution # 2 PAC Receipt? ☐ Yes<br>Name: JANET D WISDOM<br>Address:<br>1598 TAYLOR AVE<br>CORNING MI 48294<br>**If over $100.00 cumulative, please provide:**<br>Occupation: TEACHER/CANDIDATE<br>Employer: CORNING PUBLIC SCHOOLS<br>Business Address:<br>19521 AUBURN BLVD<br>CORNING MI 48294<br>☒ Fund Raiser Contribution | 4. ☐ Endorsement or Guarantee of Bank Loan<br>☐ Goods Donated or Loaned ☐ Services Donated<br>☒ Goods or Services Purchased by Candidate or Others<br>☐ Goods or Services Purchased by Candidate or Others- **LOAN**<br>Description PRINTING OF F R TICKETS<br>5. Date OF RECEIPT: 07/24/2002<br>6. **VENDOR NAME & ADDRESS:** BAYSHORE PRINTING<br>111 N MAIN ST<br>CORNING MI 48293 | 345.00 | 25345.00 |
| Contribution # 3 PAC Receipt? ☐ Yes<br>Name: 25th DISTRICT DEMOCRATS<br>Address:<br>859 W HIGHTOWER<br>CORNING MI 48292<br>**If over $100.00 cumulative, please provide:**<br>Occupation:<br>Employer:<br>Business Address:<br>☐ Fund Raiser Contribution | 4. ☐ Endorsement or Guarantee of Bank Loan<br>☐ Goods Donated or Loaned ☐ Services Donated<br>☒ Goods or Services Purchased by Candidate or Others<br>☐ Goods or Services Purchased by Candidate or Others- **LOAN**<br>Description NEWSPAPER ADS<br>5. Date OF RECEIPT: 07/29/2002<br>6. **VENDOR NAME & ADDRESS:** CONTEMPORARY MEDIA<br>9211 BENDER RD<br>CORNING MI 48292 | 2500.00 | 2500.00 |

Page Subtotal 2995.00
Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

Enter this total on line 6 of Summary Page



Authority granted under P.A. 388 of 1976 CFR REV7/1999c-1-IK

# EXAMPLE ONLY: DO NOT USE

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**ITEMIZED IN-KIND CONTRIBUTIONS**
**SCHEDULE 1-IK**
**CANDIDATE COMMITTEE**

1. Committee I. D. Number 651246-9
2. Committee Name JANET WISOM FOR STATE REP

| 3.Name and Address from whom received<br>If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions. | 4. Type of In-kind Contribution (Check applicable box)<br>5. Date of Receipt<br>6. Name & Address of Vendor from whom goods or services were purchased | 7. Amount or Fair Market Value | 8. Cumulative for Election Cycle (Through date in Item 5) |
|---|---|---|---|
| Contribution # 4 PAC Receipt? ☐ Yes<br>Name: CHARLES BENZ<br>Address: 871 E MONROE<br>GRAND RAPIDS MI 49711<br>If over $100.00 cumulative, please provide:<br>Occupation: PHYSICIAN<br>Employer: DOCTOR'S CLINIC<br>Business Address: 5871 MARY ST<br>GRAND RAPIDS MI 49713<br>☐ Fund Raiser Contribution | 4. ☐ Endorsement or Guarantee of Bank Loan<br>☐ Goods Donated or Loaned ☐ Services Donated<br>☒ Goods or Services Purchased by Candidate or Others<br>☐ Goods or Services Purchased by Candidate or Others- LOAN<br>Description PRINTING/DISTRIBUTION OF FLYERS<br>5. Date OF RECEIPT: 07/29/2002<br>6. VENDOR NAME & ADDRESS: FLYER MEDIA, INC<br>983 IRON BLVD<br>GRAND RAPIDS MI 49711 | 476.05<br>Memo - itemization below | 476.05 |
| Contribution # 5 PAC Receipt? ☐ Yes<br>Name: DAISY PRINTING<br>Address: 555 N ADAMS<br>GRAND RAPIDS MI 49711<br>If over $100.00 cumulative, please provide:<br>Occupation:<br>Employer:<br>Business Address<br>☐ Fund Raiser Contribution | 4. ☐ Endorsement or Guarantee of Bank Loan<br>☐ Goods Donated or Loaned ☐ Services Donated<br>☐ Goods or Services Purchased by Candidate or Others<br>☐ Goods or Services Purchased by Candidate or Others- LOAN<br>Description PRINTING OF FLYERS<br>5. Date OF RECEIPT: 07/29/2002<br>6. VENDOR NAME & ADDRESS: | (292.37)<br>Memo - itemization | |
| Contribution # 6 PAC Receipt? ☐ Yes<br>Name: HOT NIGHT BAND<br>Address: 25 W HIGHLAND<br>LANSING MI 48911<br>If over $100.00 cumulative, please provide:<br>Occupation:<br>Employer:<br>Business Address:<br>☐ Fund Raiser Contribution | 4. ☐ Endorsement or Guarantee of Bank Loan<br>☐ Goods Donated or Loaned ☒ Services Donated<br>☐ Goods or Services Purchased by Candidate or Others<br>☐ Goods or Services Purchased by Candidate or Others- LOAN<br>Description DISCOUNT<br>5. Date OF RECEIPT: 07/29/2002<br>6. VENDOR NAME & ADDRESS: | 300.00 | 300.00 |

| | |
|---|---|
| Page Subtotal | 776.05 |
| Grand Total of all Schedules 1-IK (Complete on last page of Schedule) | 3771.05 |

Enter this total on line 6 of Summary Page



Authority granted under P.A. 388 of 1976 CFR REV7/1999c-1-IK

# EXAMPLE ONLY: DO NOT USE

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**ITEMIZED EXPENDITURES**
**SCHEDULE 1B**
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 651246-9
2. Committee Name JANET WISOM FOR STATE REP

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Describe specific purpose and you may assign an Expenditure Code) | 5. Date | 6. Amount |
|---|---|---|---|
| Expenditure # 1<br>Name: FINE AFFAIRS<br>Address: 20051 W BAKER BLVD<br>SOUTH HAMPTON MI 48287<br>☒ Fund Raiser | Purpose: CATERING<br>Expenditure Code FE<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | 07/23/2002 | 1500.00 |
| Expenditure # 2<br>Name: HOT NIGHT BAND<br>Address: 25 W HIGHLAND<br>LANSING MI 48911<br>☒ Fund Raiser | Purpose: MUSIC FUND RAISER<br>Expenditure Code ET<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | 07/23/2002 | 600.00 |
| Expenditure # 3<br>Name: MARTHA G SANCHEZ<br>Address: 27190 ALPHA ST<br>ROBERTA MI 49123<br>☐ Fund Raiser | Purpose: STAFF REIMBURSEMENT<br>Expenditure Code TE<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | 08/02/2002 | 888.10<br>Memo - itemization below |
| Expenditure # 4<br>Name: E-Z SLEEP HOTEL<br>Address: 1000 RIVERVIEW DRIVE<br>PLAINVILLE MI 48881<br>☐ Fund Raiser | Purpose: CAMPAIGN-HOTEL BILL<br>Expenditure Code TE<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | 07/22/2002 | (614.50)<br>Memo - itemization |
| Expenditure # 5<br>Name: MARTHA G SANCHEZ<br>Address: 27190 ALPHA ST<br>ROBERTA MI 49123<br>☐ Fund Raiser | Purpose: CAMP MI 855 @ .32<br>Expenditure Code TE<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | 08/02/2002 | (273.60)<br>Memo - itemization |

Subtotal this page 2988.10

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

Enter this total on line 8a of Summary Page

**PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES**



Authority granted under P.A. 388 of 1976

CFR Rev 7/1999c-1b

# EXAMPLE ONLY: DO NOT USE

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**ITEMIZED EXPENDITURES**
**SCHEDULE 1B**
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 651246-9
2. Committee Name JANET WISOM FOR STATE REP

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Describe specific purpose and you may assign an Expenditure Code) | 5. Date | 6. Amount |
|---|---|---|---|
| Expenditure # 6<br>Name: CHASE VISA<br>Address: P O BOX 11225<br>RICHMOND VA 23260<br>☐ Fund Raiser | Purpose: CREDIT CARD PAYMENT<br>Expenditure Code CP<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | 08/10/2002 | 250.00<br>Memo - itemization below |
| Expenditure # 7<br>Name: HILTON HOTEL<br>Address: 895 PALMER DRIVE<br>SALT LAKE CITY UT 88888<br>☐ Fund Raiser | Purpose: CAMPAIGN CONFERENCE<br>Expenditure Code TE<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | 07/22/2002 | (250.00)<br>Memo - itemization |
| Expenditure # 8<br>Name: ARCHWAY MEDIA ASSOCIATES<br>Address: 899 HURON DRIVE<br>CORNING MI 48192<br>☐ Fund Raiser | Purpose: MEDIA BUY<br>Expenditure Code BA<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | 08/20/2002 | 12000.00<br>Memo - itemization below |
| Expenditure # 9<br>Name: KTXP TV<br>Address: 237 VINCENT DRIVE<br>HOLT MI 48842<br>☐ Fund Raiser | Purpose: TV ADS<br>Expenditure Code BA<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | 07/23/2002 | (8000.00)<br>Memo - itemization |
| Expenditure # 10<br>Name: ARCHWAY MEDIA ASSOCIATES<br>Address: 899 HURON DRIVE<br>CORNING MI 48192<br>☐ Fund Raiser | Purpose: CONSULTING FEES-NO FURTHER ITEMIZATION<br>Expenditure Code IC<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | 07/29/2002 | (4000.00)<br>Memo - itemization |

| | |
|---|---|
| Subtotal this page | 12250.00 |
| Grand Total of all Schedules 1B (Complete on last page of Schedule) | 15238.10 |

Enter this total on line 8a of Summary Page

**PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES**



Authority granted under P.A. 388 of 1976

CFR Rev 7/1999c-1b

# EXAMPLE ONLY: DO NOT USE

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED IN-KIND EXPENDITURES
SCHEDULE 1B - 1K
CANDIDATE COMMITTEE

1. Committee I. D. Number 651246-9

2. Committee Name JANET WISOM FOR STATE REP

| 3. Name and address of person to whom goods or services were donated or transferred. | 4. Type of In-Kind Expenditure (Check appropriate box and fill in description) | 5. Date: | 6. Fair Market Value |
|---|---|---|---|
| Expenditure # 1<br>Name: MARTIN COUNTY DEMS<br>Address: 3005 N RIDGE DR<br>CORNING MI 48293 | 4. ☐ Donation of goods or services to a Ballot Question Committee<br>☐ Donation of assets to tax exempt charitable Institution<br>☒ Donation of assets to Political Party Committee<br>☐ Other<br>Description: OFFICE DESK | 08/18/2002 | 170.00 |
| Expenditure # 2<br>Name: GREEN AMERICA<br>Address: 5200 WEST ST<br>CORNING MI 48492 | 4. ☒ Donation of goods or services to a Ballot Question Committee<br>☐ Donation of assets to tax exempt charitable Institution<br>☐ Donation of assets to Political Party Committee<br>☐ Other<br>Description: DONATED MAILING LIST | 08/19/2002 | 125.00 |
| Expenditure # 3<br>Name: BOYS & GIRLS CLUB<br>Address: 9673 ASHLEY BLVD<br>CORNING MI 48292 | 4. ☐ Donation of goods or services to a Ballot Question Committee<br>☒ Donation of assets to tax exempt charitable Institution<br>☐ Donation of assets to Political Party Committee<br>☐ Other<br>Description: DONATED OLD COMPUTER | 08/20/2002 | 300.00 |

Page Subtotal 595.00

Grand Total of all Schedules 1B-lk) (Complete on last page of Schedule 595.00

Enter this total on line 7 of the Summary Page



Authority granted under Public Act 388 of 1976

CFR 7/1999c-1b-lk

# EXAMPLE ONLY: DO NOT USE

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES**
**SCHEDULE 1B - G**
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 651246-9

2. Committee Name JANET WISOM FOR STATE REP

**USE THIS FORM TO REPORT EXPENDITURES MADE FOR ELECTION DAY BUSING OF VOTERS OF THE POLLS, FOR SLATE CARDS, CHALLENGERS, POLL WATCHERS, POLL WORKERS, AND GET-OUT-THE VOTE ACTIVITY.** Describe the specific Get-Out-The-Vote activity in Item 4f

**ALL EXPENDITURES ARE REQUIRED TO BE ITEMIZED.**

| 3. Name and address of person or vendor to whom the expenditure was made | 4. Type of Activity | 5. Date | 6. Amount |
|---|---|---|---|
| Expenditure # 1 Name & Address:<br>KINKO'S<br>958 S HAYWARD ST<br>CORNING MI 49292<br>For Activity Type "b" - "f", check one:<br>☐ In-Kind ☐ Independent<br>If in support of, or in opposition to, a ballot proposal, check one:<br>☐ Support ☐ Oppose<br>Statewide Proposal Name _____ | a. ☐ Election Day Busing of Voters To The Polls<br>b. ☐ Slate Cards c. ☐ Challengers<br>d. ☐ Poll Watchers e. ☐ Poll Workers<br>f. ☒ Get-Out-The Vote Activity (Specify): LITERATURE DROP<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement<br>Local Proposal Name _____ Indicate County _____ | 07/30/2002 | $ 79.52 |
| Expenditure # 2 Name & Address:<br>CAMPAIGNS 'R' US<br>77 ABC DRIVE<br>CORNING MI 48292<br>For Activity Type "b" - "f", check one:<br>☐ In-Kind ☐ Independent<br>If in support of, or in opposition to, a ballot proposal, check one:<br>☐ Support ☐ Oppose<br>Statewide Proposal Name _____ | a. ☐ Election Day Busing of Voters To The Polls<br>b. ☐ Slate Cards c. ☒ Challengers<br>d. ☐ Poll Watchers e. ☐ Poll Workers<br>f. ☐ Get-Out-The Vote Activity (Specify):<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement<br>Local Proposal Name _____ Indicate County _____ | 08/02/2002<br>Memo - itemization below | $ 800.00 |
| Expenditure # 3 Name & Address:<br>HOWARD DOE<br>12 MAIN ST<br>CORNING MI 48292<br>For Activity Type "b" - "f", check one:<br>☐ In-Kind ☐ Independent<br>If in support of, or in opposition to, a ballot proposal, check one:<br>☐ Support ☐ Oppose<br>Statewide Proposal Name _____ | a. ☐ Election Day Busing of Voters To The Polls<br>b. ☐ Slate Cards c. ☒ Challengers<br>d. ☐ Poll Watchers e. ☐ Poll Workers<br>f. ☐ Get-Out-The Vote Activity (Specify):<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement<br>Local Proposal Name _____ Indicate County _____ | 08/02/2002<br>Memo - itemization | $ (400.00) |
| | | Subtotal this page | 879.52 |
| | | Grand Total of all Schedules 1B-G (Complete on last page of Schedule) | Enter this total on Line 8b of the Summary Page |

CFR Revised 7/1999c 1-b-g

Authority granted under P.A. 388 of 1976

# EXAMPLE ONLY: DO NOT USE

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES**
**SCHEDULE 1B - G**
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 651246-9

2. Committee Name JANET WISOM FOR STATE REP

**USE THIS FORM TO REPORT EXPENDITURES MADE FOR ELECTION DAY BUSING OF VOTERS OF THE POLLS, FOR SLATE CARDS, CHALLENGERS, POLL WATCHERS, POLL WORKERS, AND GET-OUT-THE VOTE ACTIVITY.** Describe the specific Get-Out-The-Vote activity in Item 4f

**ALL EXPENDITURES ARE REQUIRED TO BE ITEMIZED.**

| 3. Name and address of person or vendor to whom the expenditure was made | 4. Type of Activity | 5. Date | 6. Amount |
|---|---|---|---|
| Expenditure # 4 Name & Address:<br>GLORIA WAN DAM<br>11831 W JAVITTS RD<br>CORNING MI 48292<br>For Activity Type "b" - "f", check one:<br>☐ In-Kind ☐ Independent<br>If in support of, or in opposition to, a ballot proposal, check one:<br>☐ Support ☐ Oppose<br>Statewide Proposal Name ____ | a. ☐ Election Day Busing of Voters To The Polls<br>b. ☐ Slate Cards c. ☐ Challengers<br>d. ☐ Poll Watchers e. ☐ Poll Workers<br>f. ☒ Get-Out-The Vote Activity (Specify): PHONE BANK<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement<br>Local Proposal Name ____ Indicate County ____ | 08/02/2002 | $ 75.00 |
| Expenditure # 5 Name & Address:<br>ALLIED VAN POOL<br>8313 SPRING ST<br>ALLENVILLE MI 49012<br>For Activity Type "b" - "f", check one:<br>☐ In-Kind ☐ Independent<br>If in support of, or in opposition to, a ballot proposal, check one:<br>☐ Support ☐ Oppose<br>Statewide Proposal Name ____ | a. ☒ Election Day Busing of Voters To The Polls<br>b. ☐ Slate Cards c. ☐ Challengers<br>d. ☐ Poll Watchers e. ☐ Poll Workers<br>f. ☐ Get-Out-The Vote Activity (Specify):<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement<br>Local Proposal Name ____ Indicate County ____ | 08/20/2002 | $ 385.00 |
| Expenditure # 6 Name & Address:<br>MARVIN E BLACK<br>956 ELM ST<br>CORNING MI 48292<br>For Activity Type "b" - "f", check one:<br>☐ In-Kind ☐ Independent<br>If in support of, or in opposition to, a ballot proposal, check one:<br>☐ Support ☐ Oppose<br>Statewide Proposal Name ____ | a. ☐ Election Day Busing of Voters To The Polls<br>b. ☐ Slate Cards c. ☐ Challengers<br>d. ☒ Poll Watchers e. ☐ Poll Workers<br>f. ☐ Get-Out-The Vote Activity (Specify):<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement<br>Local Proposal Name ____ Indicate County ____ | 08/20/2002 | $ 35.00 |

Subtotal this page 495.00

Grand Total of all Schedules 1B-G (Complete on last page of Schedule) 1374.52

Enter this total on Line 8b of the Summary Page

CFR Revised 7/1999c 1-b-g

Authority granted under P.A. 388 of 1976

# EXAMPLE ONLY: DO NOT USE

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

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

1. Committee I. D. Number 651246-9

2. Committee Name
JANET WISOM FOR STATE REP

| 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<br>Name BOYS & GIRLS CLUB<br>Address 9673 ASHLEY BLVD<br>CORNING MI 48292<br>☐ Check box if this disbursement is payment of debt or obligation reported on previous statement | Purpose: DONATION<br>Disbursement Code GO<br>☐ Fund Raiser | 07/29/2002 | 250.00 |
| Disbursement # 2<br>Name CMA AUTO INC<br>Address 338 HILLSDALE<br>CORNING MI 48282<br>☐ Check box if this disbursement is payment of debt or obligation reported on previous statement | Purpose: 1/3 OF AUTO<br>Disbursement Code QO<br>☐ Fund Raiser | 08/01/2002 | 185.00 |
| Disbursement # 3<br>Name DMI MANAGEMENT<br>Address 3525 EAST ALTON RD<br>CORNING MI 48292<br>☐ Check box if this disbursement is payment of debt or obligation reported on previous statement | Purpose: DISTRICT OFFICE RENT<br>Disbursement Code CO<br>☐ Fund Raiser | 08/01/2002 | 500.00 |
| Disbursement # 4<br>Name CREDIT LINE VISA<br>Address P O BOX 8520<br>HARTFORD CT 32121<br>☐ Check box if this disbursement is payment of debt or obligation reported on previous statement | Purpose: CONSTITUENT GIFT<br>Disbursement Code AO<br>☐ Fund Raiser | 08/02/2002<br>Memo - itemization below | 75.00 |
| | | Subtotal this page | 1010.00 |
| | | 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



Authority granted under P.A. 388 of 1976 CFR 8/1999-1C

# EXAMPLE ONLY: DO NOT USE

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

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

Committee I. D. Number 651246-9

2. Committee Name
JANET WISOM FOR STATE REP

| 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 # 5<br>Name WASHBURN TROPHY CENTER<br>Address 128 W WADELL ST<br>CORNING MI 48292<br>☐ Check box if this disbursement is payment of debt or obligation reported on previous statement | Purpose: ANNIVERSARY PLAQUE<br>Disbursement Code AO<br>☐ Fund Raiser | 07/25/2002<br>Memo - itemization | (75.00) |
| Disbursement # 6<br>Name BETTIE WILLOW<br>Address 1501 TAYLOR AVE<br>CORNING MI 48292<br>☐ Check box if this disbursement is payment of debt or obligation reported on previous statement | Purpose: REIMBURSEMENT CONSTITUENT SERVICES<br>Disbursement Code AO<br>☐ Fund Raiser | 08/03/2002<br>Memo - itemization below | 141.20 |
| Disbursement # 7<br>Name BETTIE WILLOW<br>Address 1501 TAYLOR AVE<br>CORNING MI 48292<br>☐ Check box if this disbursement is payment of debt or obligation reported on previous statement | Purpose: DISTRICT MILEAGE 285 MI @.32<br>Disbursement Code FO<br>☐ Fund Raiser | 07/29/2002<br>Memo - itemization | (91.20) |
| Disbursement # 8<br>Name MARTIN CO OPTIMIST CLUB<br>Address 37200 INEE ST<br>CORNING MI 48292<br>☐ Check box if this disbursement is payment of debt or obligation reported on previous statement | Purpose: ANNUAL FUND RAISER DINNER<br>Disbursement Code GO<br>☐ Fund Raiser | 07/25/2002<br>Memo - itemization | (50.00) |
| | | Subtotal this page | 141.20 |
| | | Grand Total of all Schedules 1C (Complete on last page of Schedule) | 1151.20<br>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



Authority granted under P.A. 388 of 1976 CFR 8/1999-1C

# EXAMPLE ONLY: DO NOT USE

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

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

1. Committee I.D. Number

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.

(Check either a or b. Use only for the purpose checked.)

| 3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any. | 4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt | 7. Date and amount of each payment | 8. Cumulative payment to date on debt | 9. Outstanding Balance at close of this period (Item 6 minus Item 8) |
|---|---|---|---|---|
| Debt # 1 Corp? ☐ Yes<br>Owed to or by:<br>EDGAR WISDOM<br>1598 TAYLOR AVE<br>CORNING MI 48292<br>If bank loan, name of endorser or guarantor: ____ Amount Endorsed: $ ____ | 4. Type: LOAN<br>Code ____<br>5. Date Debt Was Incurred: 07/22/2002<br>6. Original Amount of Debt: $ 25000.00 | $ ____<br>$ ____<br>$ ____<br>$ ____<br>$ ____ | 0.00 | 0.00<br>☒ FORGIVEN |
| Debt # 2 Corp? ☐ Yes<br>Owed to or by:<br>JANET D WISDOM<br>1598 TAYLOR AVE<br>CORNING MI 48294<br>If bank loan, name of endorser or guarantor: ____ Amount Endorsed: $ ____ | 4. Type: LOAN<br>Code ____<br>5. Date Debt Was Incurred: 07/22/2002<br>6. Original Amount of Debt: $ 25000.00 | $ ____<br>$ ____<br>$ ____<br>$ ____<br>$ ____ | 0.00 | 25000.00<br>☐ FORGIVEN |
| Debt # 3 Corp? ☐ Yes<br>Owed to or by:<br>STANDARD FEDERAL BANK<br>812 N WILSHIRE<br>DETROIT MI 48192<br>If bank loan, name of endorser or guarantor: ____ Amount Endorsed: $ ____ | 4. Type: LOAN<br>Code ____<br>5. Date Debt Was Incurred: 08/01/2002<br>6. Original Amount of Debt: $ 5000.00 | $ ____<br>$ ____<br>$ ____<br>$ ____<br>$ ____ | 0.00 | 5000.00<br>☐ FORGIVEN |

Page Subtotal (Outstanding debt) 30000.00

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee.) 30000.00

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

**PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES**

**A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.**

 Authority granted under P.A. 388 of 1976 CFR REV 7/1999c-1e

# EXAMPLE ONLY: DO NOT USE

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

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

1. Committee I.D. Number 651246-9
2. Committee Name JANET WISOM FOR STATE REP

This Schedule itemizes:
a. ☐ Debts and obligations owed by or forgiven the committee OR b. ☒ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

| 3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any. | 4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt | 7. Date and amount of each payment | 8. Cumulative payment to date on debt | 9. Outstanding Balance at close of this period (Item 6 minus Item 8) |
|---|---|---|---|---|
| Debt # 1 Corp? ☐ Yes<br>Owed to or by:<br>DMI MANAGEMENT<br>3525 EAST ALTON RD<br>CORNING MI 48292<br>If bank loan, name of endorser or guarantor: | 4. Type: RENTAL SECURITY DEPOSIT<br>Code RE<br>5. Date Debt Was Incurred: 01/01/2002<br>6. Original Amount of Debt: $ 750.00 | $<br>$<br>$<br>$<br>$ | 0.00 | 750.00<br>☐ FORGIVEN<br>Amount Endorsed: $ |
| Debt # 2 Corp? ☒ Yes<br>Owed to or by:<br>SBC<br>123 MAIN ST STE 1<br>CORNING MI 48292<br>If bank loan, name of endorser or guarantor: | 4. Type: PHONE LINES/SERVICE RENTAL<br>Code EQ<br>5. Date Debt Was Incurred: 04/03/2002<br>6. Original Amount of Debt: $ 1500.00 | $<br>$<br>$<br>$<br>$ | 0.00 | 1500.00<br>☐ FORGIVEN<br>Amount Endorsed: $ |
| Debt # 3 Corp? ☐ Yes<br>Owed to or by:<br>FINE AFFAIRS<br>20051 W BAKER BLVD<br>SOUTH HAMPTON MI 48287<br>If bank loan, name of endorser or guarantor: | 4. Type: FACILITIES DEPOSIT<br>Code RE<br>5. Date Debt Was Incurred: 06/01/2002<br>6. Original Amount of Debt: $ 250.00 | $<br>$<br>$<br>$<br>$ | 0.00 | 250.00<br>☐ FORGIVEN<br>Amount Endorsed: $ |

Page Subtotal (Outstanding debt) 2500.00

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee.) 2500.00

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

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

 Authority granted under P.A. 388 of 1976 CFR REV 7/1999c-1e

# EXAMPLE ONLY: DO NOT USE

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE

1. Committee I.D. Number 651246-9
2. Committee Name JANET WISOM FOR STATE REP

**- USE A SEPARATE SHEET FOR EACH EVENT-**

| 3. Date Event Was Held | 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 |
|---|---|---|---|
| 07/23/2002<br>Month Day Year | 25 | DINNER DANCE | BANQUETS FOREVER<br>9500 LONG BLVD<br>CORNING<br>MI 48292<br>☐ Private Residence |

7. Total Contributions of $20.00 or less 0.00
8. Total Contributions of $20.01 or more 5425.00
9. SUBTOTAL (Add lines 7 and 8) 5425.00
10. Other Receipts 150.00
11. Gross Receipts (Add lines 9 and 10) 5575.00
12. Total Cost of Event* 2845.00

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

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

| Co-Sponsor(s) | Contribution Split (%) | Expenditure Split (%) |
|---|---|---|
| MARTIN COUNTY DEMS | 25.00 | 25.00 |
| JANET WISOM FOR STATE REP | 75.00 | 75.00 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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.


CFR Rev 9/1999f

Authority granted under P.A. 388 of 1976