



**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: Oct. 19 to Nov. 23, 2015

1. Committee I.D. Number  
150715

2. Committee Name  
CTE Edward Clements for Commission

4. Candidate Last Name Clements First Name Edward M.I. P

4a. Office Sought Including District # or Community Served (If applicable)  
8th Ward Bay City Commissioner

4b. County of Residence Bay

5. Committee's Mailing Address  
515 Webb Dr.  
Bay City, MI 48706

Area Code and Phone 989-501-6063

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  
Same

Area Code & Phone Same

7. Treasurer's Business Address  
Same

Area Code and Phone Same

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

Area Code and Phone Same

FILED CO CLERK  
18TH JUDICIAL  
CIRCUIT COURT  
2015 DEC -1 A.M. 02  
BY  
CYNTHIA A. UDZAK  
BAY COUNTY CLERK

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

Primary

General

Convention

Special

School

Caucus

Date of Election, Convention or Caucus  
November 3, 2015

Required ONLY if candidate is not on the ballot for the current year:

July Quarterly

October Quarterly

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

By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hereby discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution  
\_\_\_\_\_

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

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

Candidate Edward Clements / Edward Clements Date 11/30/2015

Type or Print Name Signature



1. Committee I.D. Number 150715

2. Committee Name CTE Edward Clements For Commission

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1050.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1050.00</u>	(18.) \$ <u>9444.05</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0</u>	(19.) \$ <u>0</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>1050.00</u>	(20.) \$ <u>9444.05</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0</u>	(21.) \$ <u>0</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0</u>	(22.) \$ <u>0</u>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1474.70</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0</u>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>1474.70</u>	(23.) \$ <u>8812.97</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>0</u>	(24.) \$ <u>0</u>
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0</u>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>1055.78</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1050.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>2105.78</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1474.70</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>631.08</u> *	



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150715  
2. Committee Name CTE Edward Clements for Commission

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>IBEW PAC</u> <u>900 7th St. NW</u> <u>Washington D.C. 20001</u>	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>10/20/15</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>500.00</u>	\$ <u>1000.00</u>
		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2 Name & Address: <u>Janelle Felan</u> <u>2116 Center Ave.</u> <u>Bay City, MI 48708</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/28/15</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>50.00</u>	\$ <u>50.00</u>
		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3 Name & Address: <u>OE Local 324</u> <u>State of MI PAC</u> <u>500 Hulet Dr.</u> <u>Bloomfield Twp, MI 48302</u>	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>10/30/15</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>500.00</u>	\$ <u>1000.00</u>
		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4 Name & Address:	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ _____	\$ _____
		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal

1050.00

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

1050.00

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150715  
2. Committee Name CTE Edward Clements For Commission

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Coonans</u> Address <u>1004 N. Johnson St. Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Meeting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/20/15</u> Date	<u>\$ 35.00</u>
Expenditure #2 Name <u>Speedway</u> Address <u>740 N. Euclid Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Fuel</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/24/15</u> Date	<u>\$ 42.50</u>
Expenditure #3 Name <u>Allied Printing</u> Address _____ <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing/Mailing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/27/15</u> Date	<u>\$ 228.76</u>
Expenditure #4 Name <u>USPS</u> Address <u>1000 Washington Ave. Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/28/15</u> Date	<u>\$ 105.87</u>
Expenditure #5 Name <u>Coonans</u> Address <u>1004 N. Johnson St. Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Meeting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/29/15</u> Date	<u>\$ 18.00</u>

Subtotal this page 499.10

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

Enter this total  
on line 8a of  
Summary Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150715  
2. Committee Name CTE Edward Clements For Commission

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Facebook</u> Address _____  <input type="checkbox"/> Fund Raiser	Purpose: <u>Ad</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/28/15</u> Date	<u>\$ 25.30</u>
Expenditure #2 Name <u>Subway</u> Address <u>4114 Wilder Rd. Bay City, MI 48706</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Lunch for Volunteers</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/1/15</u> Date	<u>\$ 17.70</u>
Expenditure #3 Name <u>speedway</u> Address <u>740 N. Euclid Bay City, MI 48706</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Gas Cards for Volunteers</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/1/15</u> Date	<u>\$ 150.00</u>
Expenditure #4 Name <u>Facebook</u> Address _____  <input type="checkbox"/> Fund Raiser	Purpose: <u>Ad</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/31/15</u> Date	<u>\$ 25.33</u>
Expenditure #5 Name <u>Facebook</u> Address _____  <input type="checkbox"/> Fund Raiser	Purpose: <u>Ad</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/1/15</u> Date	<u>\$ 50.11</u>

Subtotal this page 268.44

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

Enter this total  
on line 8a of  
Summary Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number CTE Edward Clements For Commission  
2. Committee Name 150715

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Brissettes 6-12</u> Address <u>717 N. Henry St. Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Beverages for Volunteers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/2/15</u> Date	\$ <u>17.40</u>
Expenditure #2 Name <u>Speedway</u> Address <u>740 N. Euclid Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Gas Card for Volunteer</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/3/15</u> Date	\$ <u>25.00</u>
Expenditure #3 Name <u>Rathskeller</u> Address <u>600 E. Midland St. Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Election Night Party</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/3/15</u> Date	\$ <u>600.00</u>
Expenditure #4 Name <u>Pat + Jerry's</u> Address <u>963 W. Midland Auburn, MI 48611</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donuts for Meeting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/5/15</u> Date	\$ <u>14.76</u>
Expenditure #5 Name <u>Coonans</u> Address <u>1004 Johnson St. Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Volunteer Party</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/16/15</u> Date	\$ <u>50.00</u>

Subtotal this page 707.16

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) 1474.70

Enter this total on line 8a of Summary Page