



FILED CLERK  
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CIRCUIT COURT

**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.

Dec 3 1 57 PM '12  
This Statement covers From: 10 22 12 to 11 26 12  
Mo Day Year Mo Day Year

<p>1. Committee I.D. Number <b>150642</b></p> <p>2. Committee Name <b>Committee to Elect Tom Herek</b></p>	<p>4. Candidate Last Name <b>HEREK</b> First Name <b>Thomas</b> M.I. <b>M</b></p> <p>4a. Office Sought Including District # or Community Served (If applicable) <b>5th District County Commissioner</b></p> <p>4b. County of Residence <b>BAY</b></p>
<p>5. Committee's Mailing Address <b>1606 30th St. Bay City, MI 49708</b></p> <p>Area Code and Phone <b>(989) 892-6924</b></p> <p>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.</p>	<p>6. Treasurer's Name &amp; Residential Address <b>CHRISTINE HEREK</b></p> <p>Area Code &amp; Phone <b>(989) 892-6924</b></p>
<p>7. Treasurer's Business Address <b>1606 30th Bay City, MI 49708</b></p> <p>Area Code and Phone <b>(899) 892-6924</b></p>	<p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)</p> <p>Area Code and Phone ( )</p>

<p>9. TYPE OF STATEMENT</p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Convention <input type="checkbox"/> School</p> <p><input type="checkbox"/> Special <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus <u>Nov 6 2012</u> Month Day Year</p>	<p>9c. <input type="checkbox"/> Annual Statement ( _____ Coverage Year)</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)</p> <p>9e. <input type="checkbox"/> Dissolution of Candidate Committee</p> <p>Effective Date of Dissolution _____ Month Day Year</p> <p>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.</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>
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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	<u>Christine Herek</u> Type or Print Name	<u>Christine Herek</u> Signature	Date	<u>12 3 12</u> Mo Day Year
Candidate	<u>Thomas M. Herek</u> Type or Print Name	<u>Thomas M Herek</u> Signature	Date	<u>12 3 12</u> Mo Day Year



1. Committee I.D. Number 150642

2. Committee Name Committee to elect Tom Harek

**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>1200<sup>00</sup></u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ _____	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>1200.00</u>	(20.) \$ _____
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1000.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>1000.00</u>	(23.) \$ _____
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>2500.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>9.17</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1200.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>1209.17</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1000.00</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>209.17</u> *	



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150642  
2. Committee Name committee to elect Tom Herek

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? <input type="checkbox"/> YES 4. Date of Receipt <u>10/25/12</u> Name: <u>INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS Local 692</u> Address: <u>1300 West Thomas Bay City, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ELECTRICIAN UNION</u> Employer <u>IBEW Local 692</u> Business Address <u>1300 West Thomas Bay City, MI 48706</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	500 <sup>00</sup>	\$1,000.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/26/12</u> Name: <u>MAJORITY FUND</u> Address: <u>237 W. HAMPTON RD ESSEXVILLE, MI 48732</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address <u>237 W. HAMPTON RD. ESSEXVILLE MI 48732</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	500 <sup>00</sup>	500 <sup>00</sup>
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/26/12</u> Name: <u>LABORERS LOCAL 1098</u> Address: <u>345 EAST MONKEY SAGINAW, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100 <sup>00</sup>	500 <sup>00</sup>
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/6/12</u> Name: <u>John Miller</u> Address: <u>3064 BEAVER RD Bay City, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100 <sup>00</sup>	100 <sup>00</sup>

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

1200<sup>00</sup>

Enter this total on line 3 of Summary Page.

**SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150642  
 2. Committee Name committee to elect Tom Herek

3. Name and address of person or vendor to whom paid	4. Purpose (Required information)	5. Date	6. Amount
Expenditure #1 Name <u>CHRIS HEREK</u> Address <u>1606 30th</u> <u>BAY CITY, MI 48708</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>payment of loan</u>  <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/16/12</u> Date	\$ <u>800<sup>00</sup></u>
Expenditure #2 Name <u>CHRIS HEREK</u> Address <u>1606 30th</u> <u>BAY CITY, MI 48708</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>payment of loan</u>  <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/21/12</u> Date	\$ <u>200<sup>00</sup></u>
Expenditure #3 Name _____ Address _____  <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name _____ Address _____  <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name _____ Address _____  <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page 1000<sup>00</sup>

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

1000<sup>00</sup>

Enter this total on line 8a of Summary Page



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

1. Committee I.D. Number 150642  
2. Committee Name committee to elect Tom Herek

This Schedule itemizes:

a  Debts and obligations owed by or forgiven the committee OR b.  Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)  <input type="checkbox"/> FORGIVEN
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or <del>by</del> <b>Christine Herek</b> <b>1606 30th</b> <b>Bay City, MI 48708</b>	4. Type: <u>loan</u> 5. Date Debt Was Incurred: <u>5/15/12</u> 6. Original Amount of Debt: <u>\$ 1500<sup>00</sup></u>	<u>11/16/12 \$ 800<sup>00</sup></u> <u>11/21/12 \$ 200<sup>00</sup></u> \$ _____ \$ _____ \$ _____	\$ <u>1000<sup>00</sup></u>	\$ <u>500<sup>00</sup></u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or <del>by</del> <b>CHRISTINE HEREK</b> <b>1606 30th</b> <b>Bay City, MI 48708</b>	4. Type: <u>loan</u> 5. Date Debt Was Incurred: <u>9/1/12</u> 6. Original Amount of Debt: <u>\$ 1500<sup>00</sup></u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>-0-</u>	\$ <u>1500<sup>00</sup></u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or <del>by</del> <b>Thomas Herek</b> <b>1606 30th</b> <b>Bay City, MI 48708</b>	4. Type: <u>loan</u> 5. Date Debt Was Incurred: <u>10/12/12</u> 6. Original Amount of Debt: \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>500<sup>00</sup></u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) 2500<sup>00</sup>

Grand Total of all Schedules 1E 2500<sup>00</sup>  
(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.