



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: 10-22-12 to 11-12-12

1. Committee I.D. Number
150329

2. Committee Name
COMMITTEE TO RE-ELECT DONALD KLASS

4. Candidate Last Name KLASS First Name DONALD M.I. L

4a. Office Sought Including District # or Community Served (if applicable)
TRUSTEE HAMPTON TWP.

4b. County of Residence
BAY

5. Committee's Mailing Address
166 E. BARTON RD
ESSEXVILLE MI
48732

Area Code and Phone 989 892 9614

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 AS #5

Area Code & Phone _____

7. Treasurer's Business Address
SAME AS #5

Area Code and Phone _____

8. Designated Record Keeper's Name and Mailing Address (If the committee has Designated Record keeper)
SAME AS #5

Area Code and Phone _____

FILED
19th JUDICIAL CIRCUIT
NOV 13 11 26 AM '12

9. TYPE OF STATEMENT

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

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

Pre-Election or Post-Election Statement relates to:

Primary General
 Convention School
 Special Caucus

Date of Election, Convention or Caucus

11-6-2012

Effective Date of Dissolution

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

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

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

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

Current Treasurer or Designated Record keeper DONALD L. KLASS Donald L. Klass Date 11-12-12

Candidate DONALD L. KLASS Donald L. Klass Date 11-12-12



1. Committee I.D. Number 150329
 2. Committee Name COMMITTEE TO RE-ELECT DONALD KLASS

**SUMMARY PAGE
CANDIDATE COMMITTEE**

	Column I This Period	Column II Cumulative this election cycle
RECEIPTS		
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>292.59</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>0</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>292.59</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0</u>	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>292.59</u>	
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.) \$ <u>292.59</u>	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0</u>	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>292.59</u>	
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.) \$ <u>0</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>292.59</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>292.59</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>292.59</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>0</u>	



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150329
2. Committee Name COMMITTEE TO RE-ELECT DONALD KLASS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

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

3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 10-25-12 - 11-7-12
Name & Address:

DONALD L. KLASS
166 E. BORTON RD
ESSEXVILLE MI 48732

\$ 292.59

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt _____
Name & Address _____

\$ _____ \$ _____

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #3 PAC Receipt? YES 4. Date of Receipt _____
Name & Address _____

\$ _____ \$ _____

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #4 PAC Receipt? YES 4. Date of Receipt _____
Name & Address _____

\$ _____ \$ _____

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal

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

292.59

Enter this total on
line 3a of Summary
Page.

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 150329
2. Committee Name COMMITTEE TO RE-ELECT DONALD KLASS

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>HAMPTON TWP OFFICE</u> Address <u>801 W. CENTER AVE</u> <u>ESSEXVILLE MI</u> <u>48732</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LABELS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-25-12</u> Date	<u>\$ 3.66</u>
Expenditure #2 Name <u>US POST OFFICE</u> Address <u>ESSEXVILLE MI</u> <u>48732</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>STAMPS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-25-12</u> Date	<u>\$ 12.80</u>
Expenditure #3 Name <u>BAY CITY TIMES</u> Address <u>BAY CITY MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LAST WORD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-29-12</u> Date	<u>\$ 77.00</u>
Expenditure #4 Name <u>HAMPTON TWP OFFICE</u> Address <u>801 W. CENTER AVE</u> <u>ESSEXVILLE MI</u> <u>48732</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LABELS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-29-12</u> Date	<u>\$ 2.34</u>
Expenditure #5 Name <u>U.S. POST OFFICE</u> Address <u>ESSEXVILLE MI</u> <u>48732</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>STAMPS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-29-12</u> Date	<u>\$ 9.60</u>

Subtotal this page 105.40
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 150329
 2. Committee Name COMMITTEE TO RE-ELECT DONALD KLASS

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>BAY CITY TIMES</u> Address <u>BAY CITY MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>ADD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-31-12</u> Date	<u>\$ 101.46</u>
Expenditure #2 Name <u>HAMPTON TWP. OFFICE</u> Address <u>801 W. CENTER AVE ESSEXVILLE MI 48732</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LABELS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11-1-12</u> Date	<u>\$ 4.26</u>
Expenditure #3 Name <u>US POST OFFICE</u> Address <u>ESSEXVILLE MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>STAMPS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11-1-12</u> Date	<u>\$ 17.92</u>
Expenditure #4 Name <u>IR'S CENTER ROAD BAR</u> Address <u>ESSEXVILLE MI 48732</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FOOD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11-6-12</u> Date	<u>\$ 56.75</u>
Expenditure #5 Name <u>BAY CITY TIMES</u> Address <u>BAY CITY MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LAST WORD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11-7-12</u> Date	<u>\$ 6.80</u>

Subtotal this page 187.19
 Grand Total of all Schedules 1B
 (Complete on last page of Schedule) 292.59

Enter this total
on line 8a of
Summary Page



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

1. Committee I.D. Number 150329
2. Committee Name COMMITTEE TO RE-ELECT DONALD KLASS

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: DONALD KLASS 166 E. BORTON RD ESSEXVILLE MI 48732 If bank loan, name of endorser or guarantor: _____	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>10-25-12</u> 6. Original Amount of Debt: <u>\$ 105.40</u>	\$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: DONALD KLASS 166 E. BORTON RD ESSEXVILLE MI 48732 If bank loan, name of endorser or guarantor: _____	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>10-31-12</u> 6. Original Amount of Debt: <u>\$ 187.19</u>	\$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____	\$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN

Page Subtotal (Outstanding debt) 292.59
Grand Total of all Schedules 1E 292.59
(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.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 150329
2. Committee Name COMMITTEE TO RE-ELECT DONALD KLASS

3. Name and Address from whom received
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)
5. Date of Receipt
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)

Fund Raiser Contribution

Contribution # 1 PAC Receipt? Yes
Name & Address:

4. Endorsement or Guarantee of Bank Loan
 Goods Donated or Loaned Services Donated
 Goods or Services Purchased by Candidate or Others
 Goods or Services Purchased by Candidate or Others- LOAN

\$ 0 \$ 0

If over \$100.00 cumulative, please provide:
Occupation:
Employer Name & Business Address:

5. Date Of Receipt: _____
6. Vendor Name & Address:

[Click Here for Memo Itemization](#)

Fund Raiser Contribution

Contribution # 2 PAC Receipt? Yes
Name & Address:

4. Endorsement or Guarantee of Bank Loan
 Goods Donated or Loaned Services Donated
 Goods or Services Purchased by Candidate or Others
 Goods or Services Purchased by Candidate or Others- LOAN

\$ 0 \$ 0

If over \$100.00 cumulative, please provide:
Occupation:
Employer Name & Address:

5. Date Of Receipt: _____
6. Vendor Name & Address:

[Click Here for Memo Itemization](#)

Fund Raiser Contribution

Contribution #3 PAC Receipt? Yes
Name & Address:

4. Endorsement or Guarantee of Bank Loan
 Goods Donated or Loaned Services Donated
 Goods or Services Purchased by Candidate or Others
 Goods or Services Purchased by Candidate or Others- LOAN

\$ 0 \$ 0

If over \$100.00 cumulative, please provide:
Occupation:
Employer Name & Address:

5. Date Of Receipt: _____
6. Vendor Name & Address:

[Click Here for Memo Itemization](#)

Fund Raiser Contribution

Page Subtotal 0 0

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) 0

Enter this total
on line 6 of Summary
Page