



**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: <u>11-07-12</u> to <u>12/31/13</u>	
1. Committee I.D. Number 14074	4. Candidate Last Name Hickner First Name Thomas M.I. L 4a. Office Sought Including District # or Community Served (If applicable) County Executive 4b. County of Residence Bay
2. Committee Name Tom Hickner for County Executive	6. Treasurer's Name & Residential Address Thomas L. Hickner 4821 E. Westgate Drive Bay City MI 48706 Area Code & Phone <u>(989) 992-4579</u>
5. Committee's Mailing Address P.O. Box 403 Bay City MI 48707 Area Code and Phone <u>(989) 992-4579</u> <small>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.</small>	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) n/a Area Code and Phone _____
7. Treasurer's Business Address 515 Center Avenue Suite 401 Bay City MI 48708 Area Code and Phone <u>(989) 895-4130</u>	

9. TYPE OF STATEMENT		
9a. <input type="checkbox"/> Pre-Election	OR	9b. <input type="checkbox"/> Post-Election
Pre-Election or Post-Election Statement relates to:		
<input type="checkbox"/> Primary	<input type="checkbox"/> General	
<input type="checkbox"/> Convention	<input type="checkbox"/> School	
<input type="checkbox"/> Special	<input type="checkbox"/> Caucus	
Date of Election, Convention or Caucus _____		
9c. <input checked="" type="checkbox"/> Annual Statement (<u>2013</u> Coverage Year)		
9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)		
9e. <input type="checkbox"/> Dissolution of Candidate Committee		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	Thomas L. Hickner	Signature	Date	<u>1-31-14</u>
	Type or Print Name			
Candidate	Thomas L. Hickner	Signature	Date	<u>1-31-14</u>
	Type or Print Name			

Filed 1/31/14 dx



1. Committee I.D. Number 14074

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Tom Hickner for County Executive

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$0.00</u>	(18.) \$ <u>\$0.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$0.00</u>	(20.) \$ <u>\$0.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$0.00</u>	(21.) \$ <u>\$0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$0.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$0.00</u>	(23.) \$ <u>\$0.00</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>\$1,461.86</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>\$0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>\$1,461.86</u>	(24.) \$ <u>\$1,461.86</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>\$0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$2,359.70</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$0.00</u>	
	(15.) = \$ <u>\$2,359.70</u>	
15. SUBTOTAL Add lines 13 and 14	(16.) - \$ <u>\$1,461.86</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(17.) \$ <u>\$897.84</u> *	
17. ENDING BALANCE (Subtract line 16 from line 15)		



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

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

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: Tom Hickner 4821 E. Westgate Drive Bay City MI 48706	Purpose <u>election night party expenses</u>	<u>11/06/12</u> Date	<u>\$295.83</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 2 Name & Address: Tom Hickner 4821 E. Westgate Drive Bay City MI 48706	Purpose <u>see following itemized list</u>	<u>01/18/13</u> Date	<u>\$147.33</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 3 Name & Address: Saginaw Bay Yacht Club PO Box 45 Essexville, MI 48732	Purpose <u>refreshments for volunteers</u>	<u>10/19/12</u> Date	<u>\$(46.58)</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 4 Name & Address: B & C Pizza 476 N. Tuscola Bay City, MI 48708	Purpose <u>county staff X-Mas party</u>	<u>12/13/12</u> Date	<u>\$(24.52)</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	

Subtotal this page 443.16

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

Enter this total
on line 10a of
Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

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



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

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

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: Stables Midland Street Bay City MI 48706 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>Refreshments-volunteers</u> Disbursement Code _____ <input type="checkbox"/> Fund Raiser	<u>11/07/12</u> Date	<u>\$(46.98)</u> Click for Memo Itemization Type
Disbursement # 2 Name & Address: US Postal Service Washington Avenue Bay City MI 48708 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>postage</u> Disbursement Code _____ <input type="checkbox"/> Fund Raiser	<u>12/06/12</u> Date	<u>\$(9.00)</u> Click for Memo Itemization Type
Disbursement # 3 Name & Address: G's 1005 Saginaw Street Bay City MI 48708 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>lunch/elected officials</u> Disbursement Code _____ <input type="checkbox"/> Fund Raiser	<u>10/30/12</u> Date	<u>\$(20.25)</u> Click for Memo Itemization Type
Disbursement # 4 Name & Address: <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose _____ Disbursement Code _____ <input type="checkbox"/> Fund Raiser	_____ Date	\$ _____ Click for Memo Itemization Type

Subtotal this page

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

Enter this total
on line 10a of
Summary Page

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



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

(For use by officeholders only)

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

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: Tom Hickner 4821 E. Westgate Drive Bay City MI 48706 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>see following itemized list</u> Disbursement Code _____ <input type="checkbox"/> Fund Raiser	<u>03/07/13</u> Date Click for Memo Itemization Type	<u>\$403.27</u>
Disbursement # 2 Name & Address: Old City Hall 814 Saginaw Street Bay City, MI 48706 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>volunteer thank you party</u> Disbursement Code _____ <input type="checkbox"/> Fund Raiser	<u>01/12/13</u> Date Click for Memo Itemization Type	<u>\$(403.27)</u>
Disbursement # 3 Name & Address: Andrew Niedzinski 321 S. Birney Bay City MI 48708 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>Summit Printing</u> Disbursement Code _____ <input type="checkbox"/> Fund Raiser	<u>03/25/13</u> Date Click for Memo Itemization Type	<u>\$8.48</u>
Disbursement # 4 Name & Address: Tom Hickner 4821 E. Westgate Drive Bay City MI 48706 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>see following itemized list</u> Disbursement Code _____ <input type="checkbox"/> Fund Raiser	<u>04/19/13</u> Date Click for Memo Itemization Type	<u>\$493.95</u>
Subtotal this page			<u>905.70</u>
Grand Total of all Schedules 1C (Complete on last page of Schedule)			

Enter this total on line 10a of Summary Page

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

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

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose _____ Disbursement Code _____ <input type="checkbox"/> Fund Raiser	_____ Date	\$ _____ Click for Memo Itemization Type
Disbursement # 2 Name & Address: G's 1005 Saginaw Street Bay City MI 48708 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose lunch/county officials _____ Disbursement Code _____ <input type="checkbox"/> Fund Raiser	04/03/13 Date	\$(20.25) Click for Memo Itemization Type
Disbursement # 3 Name & Address: Old City Hall 814 Saginaw Street Bay City MI 48708 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose refreshments for volunteers _____ Disbursement Code _____ <input type="checkbox"/> Fund Raiser	01/15/13 Date	\$(11.45) Click for Memo Itemization Type
Disbursement # 4 Name & Address: Knight Cap Michigan Avenue LAnsing MI 48933 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose dinner (MRG staff) _____ Disbursement Code _____ <input type="checkbox"/> Fund Raiser	03/06/13 Date	\$(81.09) Click for Memo Itemization Type

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

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

1. Committee I. D. Number 14074

2. Committee Name Tom Hickner for County Executive

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: DD's Downtown Taxi Lansing (517-672-1457)	Purpose <u>taxi to Kellogg Center</u>	<u>11/08/12</u> Date	<u>\$(10.00)</u> Click for Memo Itemization Type
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement		Disbursement Code _____ <input type="checkbox"/> Fund Raiser	
Disbursement # 2 Name & Address: Capitol Grill Lake Lansing Road Lansing, MI	Purpose <u>refreshments (MRG staff)</u>	<u>03/18/13</u> Date	<u>\$(23.53)</u> Click for Memo Itemization Type
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement		Disbursement Code _____ <input type="checkbox"/> Fund Raiser	
Disbursement # 3 Name & Address: The Exchange Michigan Avenue Lansing MI 48933	Purpose <u>refreshments</u>	<u>03/20/13</u> Date	<u>\$(7.31)</u> Click for Memo Itemization Type
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement		Disbursement Code _____ <input type="checkbox"/> Fund Raiser	
Disbursement # 4 Name & Address: SBYC PO Box 45 Essexville MI 48732	Purpose <u>refreshments-volunteers</u>	<u>08/10/13</u> Date	<u>\$(13.04)</u> Click for Memo Itemization Type
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement		Disbursement Code _____ <input type="checkbox"/> Fund Raiser	
Subtotal this page _____			_____
Grand Total of all Schedules 1C (Complete on last page of Schedule)			_____

Enter this total on line 10a of Summary Page

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



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

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

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: Stables Midland Street Bay City MI 48706 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>refreshments-volunteers</u> Disbursement Code _____ <input type="checkbox"/> Fund Raiser	<u>03/14/13</u> Date Click for Memo Itemization Type	<u>\$(65.57)</u>
Disbursement # 2 Name & Address: Old City Hall 814 Saginaw Street Bay City MI 48708 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>refreshments-volunteers</u> Disbursement Code _____ <input type="checkbox"/> Fund Raiser	<u>01/10/13</u> Date Click for Memo Itemization Type	<u>\$(21.62)</u>
Disbursement # 3 Name & Address: G's 1005 Saginaw Street Bay City MI 48708 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>lunch/county elected</u> Disbursement Code _____ <input type="checkbox"/> Fund Raiser	<u>01/07/13</u> Date Click for Memo Itemization Type	<u>\$(21.06)</u>
Disbursement # 4 Name & Address: US Postal Service Washington Avenue Bay City MI 48708 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>postage</u> Disbursement Code _____ <input type="checkbox"/> Fund Raiser	<u>02/27/13</u> Date Click for Memo Itemization Type	<u>\$(18.20)</u>

Subtotal this page _____
Grand Total of all Schedules 1C
(Complete on last page of Schedule) _____
Enter this total on line 10a of Summary Page

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

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

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: US Postal Service Washington Avenue Bay City MI 48708 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>postage</u> Disbursement Code _____ <input type="checkbox"/> Fund Raiser	<u>02/07/13</u> Date Click for Memo Itemization Type	<u>\$(9.20)</u>
Disbursement # 2 Name & Address: Old City Hall 814 Saginaw Street Bay City MI 48708 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>refreshments-volunteers</u> Disbursement Code _____ <input type="checkbox"/> Fund Raiser	<u>03/26/13</u> Date Click for Memo Itemization Type	<u>\$(13.36)</u>
Disbursement # 3 Name & Address: State Room Kellogg Center East Lansing MI <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>dinner (MRG staff)</u> Disbursement Code _____ <input type="checkbox"/> Fund Raiser	<u>03/14/13</u> Date Click for Memo Itemization Type	<u>\$(31.80)</u>
Disbursement # 4 Name & Address: The Knight Cap Michigan Avenue Lansing, MI 48933 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>refreshments</u> Disbursement Code _____ <input type="checkbox"/> Fund Raiser	<u>03/27/13</u> Date Click for Memo Itemization Type	<u>\$(6.99)</u>
Subtotal this page _____ Grand Total of all Schedules 1C (Complete on last page of Schedule)			Enter this total on line 10a of Summary Page

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

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

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: Bay County C.A.N. Great Lakes Bay Region Bay County <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>fundraiser</u> Disbursement Code _____ <input type="checkbox"/> Fund Raiser	<u>04/19/13</u> Date Click for Memo Itemization Type	<u>\$(50.00)</u>
Disbursement # 2 Name & Address: Bay City Rotary Bay City MI <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>lunch</u> Disbursement Code _____ <input type="checkbox"/> Fund Raiser	<u>11/27/13</u> Date Click for Memo Itemization Type	<u>(\$11.00)</u>
Disbursement # 3 Name & Address: Stein Haus Water Street Bay City MI 48708 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>retirement party pizza</u> Disbursement Code _____ <input type="checkbox"/> Fund Raiser	<u>04/12/13</u> Date Click for Memo Itemization Type	<u>\$(71.49)</u>
Disbursement # 4 Name & Address: <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose _____ Disbursement Code _____ <input type="checkbox"/> Fund Raiser	_____ Date Click for Memo Itemization Type	\$ _____
Subtotal this page _____			_____
Grand Total of all Schedules 1C (Complete on last page of Schedule)			_____

Enter this total on line 10a of Summary Page

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



**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**
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1. Committee I. D. Number 14074
2. Committee Name Tom Hickner for County Executive

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: Bay County Democratic Party Kawkawlin, MI	Purpose <u>golf outing advertising</u>	<u>09/27/13</u> Date	<u>\$50.00</u>
Click for Memo Itemization Type			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> Fund Raiser		
Disbursement # 2 Name & Address:	Purpose _____	_____ Date	\$ _____
Click for Memo Itemization Type			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> Fund Raiser		
Disbursement # 3 Name & Address:	Purpose _____	_____ Date	\$ _____
Click for Memo Itemization Type			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> Fund Raiser		
Disbursement # 4 Name & Address:	Purpose _____	_____ Date	\$ _____
Click for Memo Itemization Type			

Subtotal this page 50.00
Grand Total of all Schedules 1C
(Complete on last page of Schedule) 1398.86
Enter this total on line 10a of Summary Page

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