



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: 11/7/12 to 12/31/13

1. Committee I.D. Number  
150617  
2. Committee Name  
Friends of Jeff Rahl

4. Candidate Last Name Rahl First Name Jeff M.I.  
4a. Office Sought Including District # or Community Served (If applicable)  
Bay county commissioner District 3  
4b. County of Residence Bay

5. Committee's Mailing Address  
204 Frances St  
Auburn, MI 48011  
Area Code and Phone (989) 450-1938  
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  
Kyrsten Floyd  
5925 Jefferson  
Midland, MI 48040  
Area Code & Phone (989) 859-3235

7. Treasurer's Business Address  
5925 Jefferson  
Midland, MI 48040  
Area Code and Phone (989) 859-3235

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  
11/6/12

9c.  Annual Statement 2013 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  
\_\_\_\_\_  
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 Kyrsten Floyd, Kyrsten Floyd Date ~~11/13/14~~ 1/31/14  
Type or Print Name Signature  
Candidate Jeff Rahl, Jeff Rahl Date 11/13/14  
Type or Print Name Signature

Authority granted under P.A. 388 of 1976



1. Committee I.D. Number 150617

2. Committee Name Friends of Jeff Pahl

**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>500</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>500</u>	(18.) \$ <u>2105</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0</u>	(19.) \$ <u>0</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>500</u>	(20.) \$ <u>2105</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>674.14</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>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>674.14</u>	(23.) \$ <u>1791.90</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)</b>		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>/</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>/</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0</u>	(24.) \$ <u>n/a</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>487.24</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>500</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>987.24</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>674.14</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>313.10</u> *	



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150617  
2. Committee Name Friends of Jeff Kahl

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 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10/29/12</u> Name & Address: <u>IBEW PAC Voluntary Fund</u> <u>900 7th St NW</u> <u>Washington DC, 20001</u>	<u>500</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</u>	<u>\$ 1000</u>
<a href="#">Click Here for Memo Itemization</a>		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____	\$ _____	\$ _____
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>	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____	\$ _____	\$ _____
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>	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____	\$ _____	\$ _____
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

500  
500

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

Enter this total on  
line 3a of Summary  
Page.



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

1. Committee I.D. Number 150617  
2. Committee Name Friends of Jeff Pahl

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate      Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____	\$ _____
	<input type="checkbox"/> Fund Raiser		
Receipt #2 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate      Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____	\$ _____
	<input type="checkbox"/> Fund Raiser		
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate      Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____	\$ _____
	<input type="checkbox"/> Fund Raiser		
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate      Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____	\$ _____
	<input type="checkbox"/> Fund Raiser		
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate      Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____	\$ _____
	<input type="checkbox"/> Fund Raiser		
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate      Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____	\$ _____
	<input type="checkbox"/> Fund Raiser		
Receipt #7 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate      Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____	\$ _____
	<input type="checkbox"/> Fund Raiser		

Page Subtotal

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

0  
0  
Enter this total on  
line 4 of Summary  
Page



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

1. Committee I. D. Number 150617  
2. Committee Name Friends of Jeff Kahl

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)
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------	-----------------------------------------------------------

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

\$ \_\_\_\_\_ \$ \_\_\_\_\_

If over \$100.00 cumulative, please provide:  
Occupation:

Description \_\_\_\_\_

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

\$ \_\_\_\_\_ \$ \_\_\_\_\_

If over \$100.00 cumulative, please provide:  
Occupation:

Description \_\_\_\_\_

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

\$ \_\_\_\_\_ \$ \_\_\_\_\_

If over \$100.00 cumulative, please provide:  
Occupation:

Description \_\_\_\_\_

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



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150617  
2. Committee Name Friends of Jeff Pahl

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Dombos Printing</u> Address <u>1131 E. Genesee Ave</u> <u>Saginaw, MI 48607</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>postcards</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>\$ 344.77</u>
Expenditure #2 Name <u>US Postal Service</u> Address <u>Saginaw, MI</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>mailing/postage</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>\$ 329.37</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 674.14

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) 674.14

Enter this total  
on line 8a of  
Summary Page



ITEMIZED IN-KIND EXPENDITURES

SCHEDULE 1B - IK  
CANDIDATE COMMITTEE

1. Committee I. D. Number 150017  
2. Committee Name Friends of Jeff Pahl

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 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable Institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description:	Date	\$
Expenditure #2 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable Institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description:	Date	\$
Expenditure #3 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable Institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description:	Date	\$
Expenditure #4 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable Institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description:	Date	\$
Expenditure #5 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable Institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description:	Date	\$

Page Subtotal

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

0  
674.14

Enter this total on line 7 of the Summary Page



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

1. Committee I.D. Number 150617

2. Committee Name Friends of Jeff Pahl

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:     For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent  If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose  Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____	a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards      c. <input type="checkbox"/> Challengers d. <input type="checkbox"/> Poll Watchers      e. <input type="checkbox"/> Poll Workers f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #2 Name & Address:     For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent  If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose  Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____	a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards      c. <input type="checkbox"/> Challengers d. <input type="checkbox"/> Poll Watchers      e. <input type="checkbox"/> Poll Workers f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name & Address:     For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent  If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose  Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____	a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards      c. <input type="checkbox"/> Challengers d. <input type="checkbox"/> Poll Watchers      e. <input type="checkbox"/> Poll Workers f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page

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

Enter total on Line 8b  
Summary Page



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

1. Committee I.D. Number 1500017

2. Committee Name Friends of Jeff Pahl

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:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</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 by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</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 by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	_____ \$ _____ _____ \$ _____ _____ \$ _____	_____ \$ _____	_____ \$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

0

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

0

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.