



**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.

<p>1. Committee I.D. Number 150606</p>		<p>3. This Statement covers: from 7/20/14 to 10/27/2014</p>	
<p>2. Committee Name</p>		<p>4. Candidate Last Name LEE First Name ROBERT M.I. e</p> <p>4a. Office Sought Including District # or Community Served (If applicable) BAY COUNTY SHERIFF</p> <p>4b. County of Residence</p>	
<p>5. Committee's Mailing Address COMMITTEE TO ELECT ROBERT C. LEE SHERIFF</p> <p>Area Code and Phone _____ 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 & Residential Address ROBERT C. LEE 1803 MICHIGAN BAY CITY, MI. 48708</p> <p>Area Code & Phone _____</p>	
<p>7. Treasurer's Business Address SAME AS ABOVE</p> <p>Area Code and Phone _____</p>		<p>8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)</p> <p>BY BAY COUNTY CLERK CYNTHIA A. LUZZAK 2015 AUG 14 A 10:08 AM FILED CO CLERK 18TH JUDICIAL CIRCUIT COURT</p> <p>Area Code and Phone _____</p>	

<p>9. TYPE OF STATEMENT</p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>re-Election or Post-Election Statement relates to:</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus _____</p>		<p>Required ONLY if candidate is not on the ballot for the current year:</p> <p><input checked="" type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly</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. Dissolution of Candidate Committee</p> <p><input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by 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.</p> <p>Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p>Effective date of dissolution _____</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>	
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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 our knowledge and belief the contents are true, accurate and complete.

<p>Treasurer or Designated Record Keeper</p> <p>ROBERT C. LEE Type or Print Name</p>	<p>Signature</p> <p><i>Robert C. Lee</i> Signature</p>	<p>Date</p> <p>10/27/2014 Date</p>
<p>Candidate</p> <p>ROBERT C. LEE Type or Print Name</p>	<p>Signature</p> <p><i>Robert C. Lee</i> Signature</p>	<p>Date</p> <p>10/27/2014 Date</p>

Report filed 10/27/14 @ 4:57pm - CL



1. Committee I.D. Number 150606

2. Committee Name Comm. TO ELECT ROBERT C. LEE SHERIFF

**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>3151.57</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.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>3151.57</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>353.50</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>2767.03</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>2767.03</u>	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (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.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>11,607.87</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>22.22</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>3151.57</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>3173.79</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>2767.03</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>406.76</u>	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150606
2. Committee Name Comm. to Elect Robert C. Lee - Sheriff

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? <input type="checkbox"/> YES 4. Date of Receipt <u>1-19-15</u> Name & Address: <u>Adam J. Bukowski</u> <u>2596 Bullock Rd</u> <u>Bay City</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>200.00</u>	\$ _____
Click Here for Memo Itemization		
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1-19-15</u> Name & Address: <u>TIMOTHY K. BUKOWSKI</u> <u>1711 22ND. ST.</u> <u>BAY CITY, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>200.00</u>	\$ _____
Click Here for Memo Itemization		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8-13-15</u> Name & Address: <u>ROBERT C. LEE</u> <u>1803 MICHIGAN</u> <u>BAY CITY, MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>460.57</u>	\$ _____
Click Here for Memo Itemization		
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	\$ _____	\$ _____
Click Here for Memo Itemization		

Page Subtotal 860.57

Grand Total of All Schedules 1A
(Complete on last page of Schedule) 860.57

Enter this total on
line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150606
2. Committee Name Comm. To Elect Robert C. Lee
SHERIFF

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 3-28-15
Name & Address:

DARRYL L. HECKROTH
6834 VASSAR RD.
UNIONVILLE

\$ 125.⁰⁰ \$

5. If over \$100.00 cumulative, please provide:
Occupation RETIRED Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 3-28-15
Name & Address:

VERNIE FRITZ-HECKROTH
6834 VASSAR RD.
UNIONVILLE

\$ 125.⁰⁰ \$

5. If over \$100.00 cumulative, please provide:
Occupation RETIRED Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 3-28-15
Name & Address:

MIKE NOWAK
6073 OLD HICKORY
BAY CITY

\$ 50.⁰⁰ \$

5. If over \$100.00 cumulative, please provide:
Occupation RETIRED Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 3-28-15
Name & Address:

LIZ NOWAK
6073 OLD HICKORY
BAY CITY

\$ 25.⁰⁰ \$

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer BAY CO

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal \$ 325.⁰⁰

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

Enter this total on
line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150606
2. Committee Name COMM TO ELECT ROBERT C. LEE SHERIFF

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 3-28-15
Name & Address:

MERRY LEE
1071 STANLEY
AUBURN, MI.

\$ 25.00 \$ _____

5. If over \$100.00 cumulative, please provide:
Occupation F.O.C. Employer BAY CO.

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 3-28-15
Name & Address

ROBERT R. LEE
1071 STANLEY
AUBURN, MI.

\$ 25.00 \$ _____

5. If over \$100.00 cumulative, please provide:
Occupation RETIRED Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 3-28-15
Name & Address:

RON & KAREN HUBBARD (2) TICKETS
904 ELM. ST.
BAY CITY, MI 48706

\$ 50.00 \$ _____

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

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 3-28-15
Name & Address

JAMIE CHRISTENSEN & RAYM CHRISTENSEN
1402 3RD. ST.
BAY CITY, MI. 48708

\$ 50.00 \$ _____

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

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 150.00

Grand Total of All Schedules 1A 475.00
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150606
2. Committee Name COMM. TO ELECT ROBERT C. LEE SHERIFF

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.

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 3-28-15

Name & Address:
LINDA & BILL PFUND
137 SALZBURG
BAY CITY, MI. 48706

6. Amount \$ 150.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ _____

5. If over \$100.00 cumulative, please provide: Occupation RETIRED 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 3-28-15

Name & Address:
JERRY LAFLURE
4739 MORNINGSIDE
BAY CITY, MI. 48706

6. Amount \$ 200.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ _____

5. If over \$100.00 cumulative, please provide: Occupation STORE MANG. Employer BLUE KNIGHT FOODS

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 3-28-15

Name & Address:
THERESA STRAIT
3288 S. HYRON
BAY CITY, MI. 48706

6. Amount \$ 100.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ _____

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 3-28-15

Name & Address:
JULIE LAFLURE
4739 MORNINGSIDE
BAY CITY, MI. 48706

6. Amount \$ 100.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ _____

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 550.00
Grand Total of All Schedules 1A 1,025.00
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150606
2. Committee Name Comm. To Elect Robert C. Lee Sheriff

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 3-28-15
Name & Address:
RYAN LAFLURE
4739 MORNINGSIDE
BAY CITY, 48706

\$ 100.⁰⁰ \$ _____

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____

Click Here for Memo Itemization

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 3-28-15
Name & Address:
JESSIE WOOD-MILLER
2301 HERITAGE DR.
BAY CITY, 48706

\$ 25.⁰⁰ \$ _____

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____

Click Here for Memo Itemization

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 3-28-15
Name & Address:
DOUG LUCZAK
808 FROST DR.
BAY CITY, 48706

\$ 50.⁰⁰
~~\$ 25.⁰⁰~~ \$ _____

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____

Click Here for Memo Itemization

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 3-28-15
Name & Address:
THELMA LUCZAK
808 FROST DR.
BAY CITY, 48706

\$ 50.⁰⁰ \$ _____

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____

Click Here for Memo Itemization

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 225.⁰⁰

Grand Total of All Schedules 1A 1,250.⁰⁰
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150606
2. Committee Name COMM. TO ELECT ROBERT C. LEE SHERIFF

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.

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 3-28-15

Name & Address:
NEAL PARRIN
1212 N. LINN
BAY CITY, 48706

6. Amount \$ 50.⁰⁰ 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ _____

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____ [Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 3-28-15

Name & Address:
MARTIN AUSTIN
1212 N. LINN
BAY CITY, 48706

6. Amount \$ 25.⁰⁰ 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ _____

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____ [Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 3-28-15

Name & Address:
BARB VANDENBELT
302 EDA. CT.
ESSEXVILLE, 48732

6. Amount \$ 125.⁰⁰ 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ _____

5. If over \$100.00 cumulative, please provide:
Occupation NURSE Employer _____ [Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 3-28-15

Name & Address:
PATTI SHORKEY
53 WHEELER RD.
BAY CITY,

6. Amount \$ 50.⁰⁰ 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ _____

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____ [Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 250.⁰⁰
Grand Total of All Schedules 1A (Complete on last page of Schedule) 1,500.⁰⁰

Enter this total on line 3a of Summary Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150606
2. Committee Name Comm. To Elect Robert C. Lee Sheriff

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 3-28-15

Name & Address:
PAUL & ERMA SCHULZE
452 N. MACKINAW
LINWOOD, MI. 481634

\$ 50.00 \$ _____

[Click Here for Memo Itemization](#)

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

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2 PAC Receipt? YES 4. Date of Receipt 3-28-15

Name & Address:
SCOTT & JODI ZUBE
1210 N. LINN
BAY CITY, MI 48706

\$ 50.00 \$ _____

[Click Here for Memo Itemization](#)

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

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 3-28-15

Name & Address:
TIM BANARACK

\$ 25.00 \$ _____

[Click Here for Memo Itemization](#)

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

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 3-28-15

Name & Address:
DEBBIE SHOTWELL
NOEL BEND
LAKE IN THE HILLS, ILL.

\$ 25.00 \$ _____

[Click Here for Memo Itemization](#)

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

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 150.00

Grand Total of All Schedules 1A 1,650.00
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150606

2. Committee Name Comm To Elect Robert C. Lee Sheriff

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 Name & Address: <u>ROBERT J. WOODS</u> <u>304 W. HAMPTON RD.</u> <u>ESSEXVILLE, MI</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>3-26-15</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 Name & Address: <u>ANTHONY PAWELSKI</u> <u>226 LIBBY ST.</u> <u>PINCONNING, MI. 48650</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>3-28-15</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: <u>JENNIFER GWIZDALA</u> <u>217B BULLOCK RD.</u> <u>Bay City, MI.</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>3-24-15</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: <u>FRED & REBECCA WALRAVEN</u> <u>4712 CEDAR LA.</u> <u>BAY CITY, MI. 48706</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>3-28-15</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 150.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule) 1,800.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150606
2. Committee Name Comm. To Elect Robert C. Lee Sheriff

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.

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 3-28-15

Name & Address:
DEBRA HARTLEY-BULLOCK
1771 S. BEYER RD.
SAGINAW, MI. 48601

6. Amount \$ 50.00 \$ _____

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

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 3-30-15

Name & Address:
TIMOTHY BANASZAK
27 RIVER TRAIL DR
BAY CITY, MI. 48706

6. Amount \$ 25.00 \$ _____

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

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:
DAVID & KATHRYN NEITZEL
1900 S. SHERMAN ST.
BAY CITY, MI. 48708

6. Amount \$ 50.00 \$ _____

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

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 3-24-15

Name & Address:
JOHN ROSZATYCKI
200 13TH ST.
BAY CITY, MI. 48708

6. Amount \$ 125.00 \$ _____

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

5. If over \$100.00 cumulative, please provide:
Occupation OWNER AMER. MUS. Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Click Here for Memo Itemization

Page Subtotal 250.00
Grand Total of All Schedules 1A 2,050.00
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150606

2. Committee Name Comm. To Elect Robert C. Lee Sheriff

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 3-28-15

Name & Address:

DALE & PATTY MUDD
3024 COVENTRY DR
BAY CITY, MI

\$ 411.00

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

Occupation _____ Employer _____

Click Here for Memo Itemization

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES

4. Date of Receipt 3-28-15

Name & Address

BARBARA VAN DENBELT
302 EOA CT.
ESSEXVILLE, MI 48732

\$ 100.00

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

Occupation _____ Employer _____

Click Here for Memo Itemization

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES

4. Date of Receipt 3-25-15

Name & Address:

MICHAEL R. KENSELLA
705 GERMAN RD.
BAY CITY, MI 48706

\$ 50.00

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

Occupation _____ Employer _____

Click Here for Memo Itemization

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES

4. Date of Receipt 3-28-15

Name & Address

JAMES R. DOMINOWSKI
241 SYCAMORE LN.
AUBURN, MI 48611

\$ 50.00

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

Occupation _____ Employer _____

Click Here for Memo Itemization

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 241.00

Grand Total of All Schedules 1A 2,291.00
(Complete on last page of Schedules)

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 150606
2. Committee Name Comm To Elect Robert C. Lee Sheriff

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>DEMOCRAT PRESS</u> Address <u>309 9TH. ST.</u> <u>BAY CITY, MI. 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FUNORAIGER</u> <u>TICKETS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1-23-15</u> Date	<u>\$ 47.20</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>U.S. POSTAL SERVICE</u> Address <u>1000 WASHINGTON</u> <u>BAY CITY, MI. 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>P.O. BOX 531 PAYMENT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1-23-15</u> Date	<u>\$ 31.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>SPEEDWAY GAS CARD</u> Address <u>740 N. EUCLID, AV.</u> <u>BAY CITY, MI. 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FUEL</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1-26-15</u> Date	<u>\$ 100.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>BAY CO. CLERK'S OFFICE</u> Address <u>515 CENTER, AV.</u> <u>BAY CITY, MI. 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LATE FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2-4-15</u> Date	<u>\$ 25.00</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>STAPLE'S</u> Address <u>4021 N. EUCLID, AV.</u> <u>BAY CITY, MI. 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>COPY PAPER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3-5-15</u> Date	<u>\$ 17.48</u> Click Here for Memo Itemization Type

Subtotal this page

221.18

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 150606
2. Committee Name Comm. To Elect Robert C. Lee Sheriff

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>TJ SCREEN PRINTING</u> Address <u>3216 BAY RD.</u> <u>SAGINAW, MI. 48603</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>T-SHIRTS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3-6-15</u> Date	<u>\$ 254.40</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>WORK WARE STORE</u> Address <u>1708 N. MICHIGAN, AV.</u> <u>SAGINAW, MI. 48602</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SHIRTS-JACKET</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3-6-15</u> Date	<u>\$ 214.04</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>VAUGHN BEBICK</u> <u>FUNDRAISER</u> Address <u>L.F.A. HALL</u> <u>2323 AMELITH RD.</u> <u>BAY CITY, MI. 48704</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3-17-15</u> Date	<u>\$ 10.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>SAVE-A-LOT STORE</u> Address <u>904 LAFAYETTE ST.</u> <u>BAY CITY, MI. 48708</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FOOD FOR FUNDRAISER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3-17-15</u> Date	<u>\$ 31.88</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>TJ SCREEN PRINTING</u> Address <u>3216 BAY RD.</u> <u>SAGINAW, MI. 48603</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>YOUTH T-SHIRTS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3-18-15</u> Date	<u>\$ 96.32</u> Click Here for Memo Itemization Type

Subtotal this page 586.64

Grand Total of all Schedules 1B
(Complete on last page of Schedule) 807.82

Enter this total on line 8a of Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number Comm. To Elect Robert C. Lee Sheriff
2. Committee Name 150606

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>GORDAN'S FOOD SERVICE</u> Address <u>3800 Bay Rd.</u> <u>SAGINAW, MI. 48603</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER</u> <u>SUPPLIES</u>	<u>3-18-15</u> Date	<u>\$ 62.⁰¹</u>
Expenditure #2 Name <u>GORDAN'S FOOD SERVICE</u> Address <u>3730 WILDER RD.</u> <u>BAY CITY, MI. 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER</u> <u>SUPPLIES</u>	<u>3-21-15</u> Date	<u>\$ 88.⁷³</u>
Expenditure #3 Name <u>F.O.P. LOOGE #103</u> Address <u>501 3RD. ST.</u> <u>BAY CITY, MI. 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>WILDLIFE DINNER</u>	<u>3-21-15</u> Date	<u>\$ 50.⁰⁰</u>
Expenditure #4 Name <u>DOLLAR TREE</u> Address <u>3900 STATE ST. RD.</u> <u>BAY CITY, MI. 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER</u> <u>SUPPLIES</u>	<u>3-28-15</u> Date	<u>\$ 16.⁴²</u>
Expenditure #5 Name <u>STRIKER'S BAR</u> Address <u>1203 WASHINGTON, AV.</u> <u>BAY CITY, MI. 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>USE FOR</u> <u>FUNDRAISER</u>	<u>3-28-15</u> Date	<u>\$ 166.⁵⁰</u>

Subtotal this page 383.66

Grand Total of all Schedules 1B
(Complete on last page of Schedule) 1191.48

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150606
2. Committee Name COMM. TO ELECT ROBERT C. LEE SHERIFF

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>LARRY BESON</u> Address <u>1203 WASHINGTON, AV. BAY CITY, MI. 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PIZZA & BREADSTICKS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3-28-15</u> Date	<u>\$ 48.98</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>CAPITOL PROMOTIONS INC.</u> Address <u>P.O. BOX 231 GLENSIDE, PA. 19038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>BUMPER STICKERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3-30-15</u> Date	<u>\$ 290.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>BAY CITY DEMOCRAT</u> Address <u>309 9TH ST. BAY CITY, MI. 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FLIERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4-1-15</u> Date	<u>\$ 17.18</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>THE WORK WARE STORE</u> Address <u>1708 N. MICHIGAN SAGINAW, MI. 48602</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SHIRTS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4-17-15</u> Date	<u>\$ 72.04</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>WORK WEAR STORE</u> Address <u>1708 MICHIGAN, AV. 48602</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SHIRTS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4-17-15</u> Date	<u>\$ 127.20</u> Click Here for Memo Itemization Type

Subtotal this page 555.40

Grand Total of all Schedules 1B
(Complete on last page of Schedule) 1,746.88

Enter this total on line 8a of Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150606

2. Committee Name COMM. TO ELECT ROBERT C. LEE SHERIFF

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>BILL GUTZWILLER</u> Address <u>618 CASS ST.</u> <u>SAGINAW, MI. 48602</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SAGINAW POLICEMEN'S BALL</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4-18-15</u> Date	<u>\$ 120.00</u>
Expenditure #2 Name <u>BIG LOTS</u> Address <u>1001 N. EUCLID, AV.</u> <u>BAY CITY, MI.</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN SUPPLIES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-24-15</u> Date	<u>\$ 155.08</u>
Expenditure #3 Name <u>TJ SCREEN PRINTING</u> Address <u>3216 BAY RD.</u> <u>SAGINAW, MI. 48603</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>T-SHIRTS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-26-15</u> Date	<u>\$ 148.40</u>
Expenditure #4 Name <u>MENARD'S</u> Address <u>2864 WILDER RD.</u> <u>BAY CITY, MI. 48604</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN SUPPLIES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-27-15</u> Date	<u>\$ 127.18</u>
Expenditure #5 Name <u>AM VETS POST #22</u> Address <u>520 N. PINE RD.</u> <u>BAY CITY, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>HALL RENTAL</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-21-15</u> Date	<u>\$ 200.00</u>

750.66 → 750.58
2497.44

Enter this total on line 8a of Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150606
2. Committee Name COMM. TO ELECT ROBERT C. LEE SHERIFF

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 DEMOCRAT</u> Address <u>309 9TH. ST.</u> <u>BAY CITY, ME.</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>CHICKEN DINNER</u> <u>FUNDRAISER TICKETS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-31-15</u> Date	<u>\$ 65.72</u>
Expenditure #2 Name <u>GORDON'S FOOD SERVICE</u> Address <u>3730 WILDER RD.</u> <u>BAY CITY, ME. 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>4 COOKING</u> <u>APRONS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-1-15</u> Date	<u>\$ 29.64</u>
Expenditure #3 Name <u>U.S. POSTAL SERVICE</u> Address <u>1000 WASHINGTON, AV.</u> <u>BAY CITY, ME. 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>P.O. BOX 531 RENTAL</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-12-15</u> Date	<u>\$ 54.00</u>
Expenditure #4 Name <u>BAY CITY DEMOCRAT</u> Address <u>309 9TH. ST.</u> <u>BAY CITY, ME. 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER</u> <u>FLIERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-14-15</u> Date	<u>\$ 16.54</u>
Expenditure #5 Name <u>BIG LOTS</u> Address <u>1001 N. EUCLID</u> <u>BAY CITY, ME. 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN</u> <u>SUPPLIES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3-26-15</u> Date	<u>\$ 13.56</u>

Subtotal this page 179.44

Grand Total of all Schedules 1B
(Complete on last page of Schedule) 2,674.92

Enter this total on line 8a of Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150606
2. Committee Name Comm. To Elect Robert C. Lee Sheriff

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>ALDI'S</u> Address <u>4101 N. EUCLID</u> <u>BAY CITY, MI. 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FOOD - KICKOFF FUNDRAISER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3-26-15</u> Date	<u>\$ 35.74</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>RALLY'S STORE #9764</u> Address <u>102 S. MADISON</u> <u>BAY CITY, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>ICE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-26-15</u> Date	<u>\$ 1.05</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>JACK'S MARKET</u> Address <u>1000 SALZBURG, AV.</u> <u>BAY CITY, MI. 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FOOD - KICKOFF FUNDRAISER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3-22-15</u> Date	<u>\$ 14.69</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>FAMILY DOLLAR</u> Address <u>910 LAFAYETTE</u> <u>BAY CITY, MI. 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>KICKOFF FUNDRAISER 4 SERVING TONGS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3-27-15</u> Date	<u>\$ 8.36</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>STRIKER'S BARTENDER & WAIT STAFF</u> Address _____ <input type="checkbox"/> Fund Raiser	Purpose: <u>TIP FOR SERVICE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	<u>\$ 30.00</u> Click Here for Memo Itemization Type

\$ 89.84 → 90.11
2766.84

90.11
2766.84

Enter this total on line 8a of Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 150606

2. Committee Name Committee to elect Robert C Lee, Sheriff

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? Yes
Owed to or by:
Becky Lee
1803 Michigan
Bay City, Mi

4. Type: cash
po. box, signs
rental building
5. Date Debt Was Incurred:
8-10-11 to 11-11
6. Original Amount of Debt:
\$ 3107.19

8-13-11 \$ 1000.00
9-19-11 \$ 1000.00
10-11-11 \$ 801.19
8-10-11 \$ 440.00
11-11-11 \$ 800.00

\$ 3107.19
 FORGIVEN

If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Debt #2 Corp? Yes
Owed to or by:
Becky Lee
1803 Michigan
Bay City, Mi

4. Type: cash
food + supplies
for making signs
5. Date Debt Was Incurred:
11-12-11 to 11-17-11
6. Original Amount of Debt:
\$ 3107.19

11-11-11 \$ 18.82
11-13-11 \$ 20.89
11-13-11 \$ 27.30
11-17-11 \$ 24.36
11-17-11 \$ 1.05

\$ 3199.61
 FORGIVEN

If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Debt #3 Corp? Yes
Owed to or by:
Becky Lee,
1803 Michigan
Bay City, Mi

4. Type: cash
mail deposit
signs, food & water
5. Date Debt Was Incurred:
11-18-11 to 1-10-12
6. Original Amount of Debt:
\$ 3199.61

11-18-11 \$ 25.97
11-18-11 \$ 23.80
11-19-11 \$ 54.05
1-10-12 \$ 10.00

\$ 3313.43
 FORGIVEN

If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt) 3313.43

Grand Total of all Schedules 1E 3313.43

(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.

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

1. Committee I.D. Number 150606
 2. Committee Name Committee to elect Robert C Lee, Sheriff

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: <u>Becky Lee</u> <u>1803 Jefferson</u> <u>Bay City, MI</u>	4. Type: <u>Cash</u> 5. Date Debt Was Incurred: <u>9-18-11 to 12-12</u> 6. Original Amount of Debt: <u>\$ 3313.43</u>	<u>1-13-12 \$ 100.00</u> <u>9-18-11 \$ 24.99</u> <u>1-16-12 \$ 462.16</u> <u>1-23-12 \$ 5.00</u> <u>1-23-12 \$ 98.05</u>	\$ <u>-0-</u>	\$ <u>4003.63</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: <u>Becky Lee</u> <u>1803 Michigan</u> <u>Bay City, MI</u>	4. Type: <u>Cash - business cards, printing, signs, flyers</u> 5. Date Debt Was Incurred: <u>2-4-12</u> 6. Original Amount of Debt: <u>\$ 4003.63</u>	<u>2-3-12 \$ 102.82</u> <u>1-27-12 \$ 31.80</u> <u>2-3-12 \$ 3.00</u> <u>2-4-12 \$ 11.95</u>	\$ <u>-0-</u>	\$ <u>4153.20</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: <u>Becky Lee</u> <u>1803 Michigan</u> <u>Bay City, MI</u>	4. Type: <u>Cash</u> 5. Date Debt Was Incurred: <u>2-18-12 to 2-26-12</u> 6. Original Amount of Debt: <u>\$ 4153.20</u>	<u>2-21-12 \$ 10.00</u> <u>2-26-12 \$ 2.12</u> <u>2-18-12 \$ 431.87</u> <u>2-19-12 \$ 128.71</u>	\$ <u>-0-</u>	\$ <u>4725.84</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt) 1412.41

Grand Total of all Schedules 1E 4725.84
 (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.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 150606

2. Committee Name Committee to Elect Robert Cole Sheriff

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 endorser 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: Becky Lee 1803 Michigan Bay City, MI 48708	4. Type: <u>Cash - funding</u> 5. Date Debt Was Incurred: <u>2-18-12 6 3-1-12</u> 6. Original Amount of Debt: <u>4725.84</u>	<u>2-28-12 \$ 95.00</u> <u>2-26-12 \$ 92.10</u> <u>2-27-12 \$ 72.41</u> <u>2-27-12 \$ 20.85</u> <u>3-1-12 \$ 18.28</u>	\$	<u>5024.48</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: Becky Lee 1803 Michigan Bay City, MI 48708	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: <u>5024.48</u>	<u>3-1-12 \$ 41.10</u> <u>3-1-12 \$ 10.49</u> <u>3-14-12 \$ 34.00</u> <u>3-17-12 \$ 38.16</u> <u>3-18-12 \$ 12.17</u>	<u>3/3/12</u> <u>33.95</u> <u>3-14-12</u> <u>\$ 75.00</u>	<u>26.97</u> <u>5360.40</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: Becky Lee 1803 Michigan Bay City, MI 48708	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: <u>\$ 5360.40</u>	<u>3-26-12 \$ 18.00</u> <u>3-30-12 \$ 13.78</u> <u>3-12-12 \$ 53.00</u>		<u>5445.18</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) 519.34 519.34

Grand Total of all Schedules 1E 5445.18

(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.

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

1. Committee I.D. Number 150606
 2. Committee Name Committee to Elect Robert C Lee Sheriff

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 endorser 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: Robert C Lee 1803 Michigan Ave Bay City MI 48708	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: \$ _____	4-20-12 \$ 85.50 \$ _____ \$ _____ \$ _____	ck = 572 \$ 85.50	\$ 0 <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: Mike Jarabek 2305 S Thomas Rd Saginaw MI 48609	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: \$ _____	4-20-12 \$ 63.46 4-21-12 \$ 35.97 2-23-12 \$ 800.00 \$ _____ \$ _____	ck = 572 ck = 572 ck = 572 \$ 899.43	\$ - 0 - <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: Rockelle Jarabek 2305 S Thomas Rd Saginaw MI 48609	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: \$ _____	2-23-12 \$ 800.00 \$ _____ \$ _____ \$ _____	ck = 572 \$ 800.00	\$ - 0 - <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) 1,784.93

Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee) 7,230.11

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.



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

1. Committee I.D. Number _____

2. Committee Name _____

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. <small>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.</small>	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)
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Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <i>Bob Lee 1803 Michigan Bay City, MI 48708</i>	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	<i>6-2-12 \$ 44.10 5-4-12 \$ 28.62 6-2-12 \$ 60.85 2-23-12 6400.00</i>	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <i>Bob Lee 1803 Michigan Bay City, MI 48708</i>	4. Type: <i>payment</i> 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	<i>4-23-12 \$ 500.00</i>	\$ <i>500.00</i>	\$ _____ <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

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
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If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt) *6533.57*

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

11349.80

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.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150606

2. Committee Name Comm. To Elect Robert C. Lee

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>MARCH 28, 2015</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>64</u>	5. Type of Fund Raising Activity <u>KICKOFF</u>	6. Address and Name (If any) of the place where the activity was held. <u>STRIKERS BAR</u> <u>1203 WASHINGTON AV.</u> <u>BAY CITY, MI</u> <input type="checkbox"/> Private Residence
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7. Total Contributions 2,291.00

8. Other Receipts 353.50

9. Gross Receipts (Add lines 7 and 8) 2,644.50

10. Total Cost of Event 581.75

(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 150606

2. Committee Name COMM. TO ELECT. ROBERT C. LEE SHERIFF

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? <input type="checkbox"/> Yes	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan		
Name & Address:		<input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated	\$ <u>39.50</u>	\$
<u>STEVE BESON</u> <u>1005 MARQUETTE AVE</u> <u>BAY CITY, 48706</u>		<input type="checkbox"/> Goods or Services Purchased by Candidate or Others		
If over \$100.00 cumulative, please provide: Occupation:		<input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN		
Employer Name & Business Address:		Description <u>HAMBURG 10 #</u>		
		5. Date Of Receipt: <u>3-26-15</u>		
		6. Vendor Name & Address:		
		Click Here for Memo Itemization		
<input type="checkbox"/> Fund Raiser Contribution				

Contribution # 2	PAC Receipt? <input type="checkbox"/> Yes	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan		
Name & Address:		<input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated	\$ <u>41.00</u>	\$
<u>KRAMER'S MEATS</u> <u>422 INGRAHAM ST.</u> <u>BAY CITY, 48708</u>		<input type="checkbox"/> Goods or Services Purchased by Candidate or Others		
If over \$100.00 cumulative, please provide: Occupation:		<input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN		
Employer Name & Address:		Description <u>HAMBURG 10 #</u>		
		5. Date Of Receipt: <u>3-27-15</u>		
		6. Vendor Name & Address:		
		Click Here for Memo Itemization		
<input type="checkbox"/> Fund Raiser Contribution				

Contribution #3	PAC Receipt? <input type="checkbox"/> Yes	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan		
Name & Address:		<input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated	\$ <u>40.00</u>	\$
<u>DEBBI PATTERSON</u> <u>215 BATES</u> <u>BAY CITY, 48708</u>		<input type="checkbox"/> Goods or Services Purchased by Candidate or Others		
If over \$100.00 cumulative, please provide: Occupation:		<input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN		
Employer Name & Address:		Description <u>2 CAKES</u>		
		5. Date Of Receipt: <u>3-28-15</u>		
		6. Vendor Name & Address:		
		Click Here for Memo Itemization		
<input type="checkbox"/> Fund Raiser Contribution				

Page Subtotal 120.50

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) 120.50

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 150606

2. Committee Name Comm To Elect Robert C. Lee Sheriff

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:
KERRY KALAHAR
2004 S. MACARDE GRANT
BAY CITY, 48708

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

Employer Name & Business 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

Description 3 doz. cookies

5. Date Of Receipt: 3-28-15

6. Vendor Name & Address:

7. Amount or Fair Market Value: \$ 36.⁰⁰ \$

8. Cumulative for Election Cycle (Through date in Item 5)

Fund Raiser Contribution

Click Here for Memo Itemization

Contribution # 2 PAC Receipt? Yes

Name & Address:
BRENDA & MIKE SCHULTZ

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

Employer 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

Description COOKIES

5. Date Of Receipt:

6. Vendor Name & Address:

7. Amount or Fair Market Value: \$ 20⁰⁰ \$

8. Cumulative for Election Cycle (Through date in Item 5)

Fund Raiser Contribution

Click Here for Memo Itemization

Contribution #3 PAC Receipt? Yes

Name & Address:
JILL PATTERSON
1021 N. LINCOLN
BAY CITY, 48706

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

Employer 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

Description DESSERT - CAKE

5. Date Of Receipt: 3-28-15

6. Vendor Name & Address:

7. Amount or Fair Market Value: \$ 20.⁰⁰ \$

8. Cumulative for Election Cycle (Through date in Item 5)

Fund Raiser Contribution

Click Here for Memo Itemization

Page Subtotal	<u>76.⁰⁰</u>
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	<u>196.⁵⁰</u>

Enter this total on line 6 of Summary Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 150606

CANDIDATE COMMITTEE

2. Committee Name COM. TO ELECT ROBERT C. LEE SHERIFF

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:
JERRY LAFLURE
4739 MORNINGSIDE
BAY CITY, 48706

If over \$100.00 cumulative, please provide:
Occupation: STORE MANG.

Employer Name & Business Address:
BLUE KNIGHT Foods
3286 S. HURON
BAY CITY, 48706

Fund Raiser Contribution

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

Description CHEESE - CONDIMENTS - CRACKERS

5. Date Of Receipt: 3-28-15

6. Vendor Name & Address:

Click Here for Memo Itemization

\$ 115.⁰⁰ \$

Contribution # 2 PAC Receipt? Yes

Name & Address:
CINDY STARKWEATHER
BAY CITY.

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

Employer Name & Address:

Fund Raiser Contribution

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

Description DESSERTS

5. Date Of Receipt: _____

6. Vendor Name & Address:

Click Here for Memo Itemization

\$ 30.⁰⁰ \$

Contribution #3 PAC Receipt? Yes

Name & Address:
AUNT MILLIE'S
3740 WILDER RD
BAY CITY

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

Employer Name & Address:

Fund Raiser Contribution

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

Description HOT DOG & HAMBURG BUNS

5. Date Of Receipt: 3-26-2015

6. Vendor Name & Address:

Click Here for Memo Itemization

\$ 12.50 \$

Page Subtotal

157.50

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

353.50

Enter this total
on line 6 of Summary
Page