



**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: 8/25/15 to 10/18/15

1. Committee I.D. Number 150716
2. Committee Name Brent Brunner for 4th Ward

4. Candidate Last Name Brunner First Name Brent M.I. A
4a. Office Sought Including District # or Community Served (If applicable) 4th Ward Bay City Commissioner
4b. County of Residence Bay

5. Committee's Mailing Address 705 Harold St
Bay City, MI 48708
Area Code and Phone 989-529-1014
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address Same
Area Code & Phone Same

7. Treasurer's Business Address Same
Area Code and Phone _____

8. Designated Record keeper's Name and Mailing Address (If the committee Designated Record keeper) Same
Area Code and Phone _____

FILED CO CLERK
 18TH JUDICIAL
 CIRCUIT COURT
 2015 OCT 23 A 9:43
 BAY COUNTY CLERK
 CYNTHIA A. UCZAK
 BY _____

9. TYPE OF STATEMENT
9a. Pre-Election OR 9b. Post-Election
Pre-Election or Post-Election Statement relates to:
 Primary
 General
 Convention
 Special
 School
 Caucus
Date of Election, Convention or Caucus 11/3/2015

Required ONLY if candidate is not on the ballot for the current year:
 July Quarterly
 October Quarterly
9c. Annual Statement (_____) Coverage Year
9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee
 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.
Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.
Effective date of dissolution _____
Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

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 _____ Date _____
Type or Print Name _____ Signature _____
Candidate Brent Brunner _____ Date 10-18-15
Type or Print Name _____ Signature _____



1. Committee I.D. Number 150716

2. Committee Name Brent Brunner for 4th Ward

**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>600.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>0 600.00</u>	(18.) \$ <u>600.00</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>600.00</u>	(20.) \$ <u>600.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-1K, Column 7)	(6.) \$ <u>0</u>	(21.) \$ <u>0</u>
7. In-Kind Expenditures (Schedule 1B-1K, Column 6)	(7.) \$ <u>0</u>	(22.) \$ <u>0</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>396.98</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>396.98</u>	(23.) \$ <u>396.98</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0</u>	(24.) \$ <u>0</u>
DEBTS AND OBLIGATIONS		
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>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>600.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>600.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>396.98</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>203.02</u>	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150716
2. Committee Name Brent Brunner for 4th Ward

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 9/29/15
Name & Address: Laborers Local 1098 PAC
340 E. Morley Dr.
Saginaw, MI 48601

6. Amount \$ 250.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 250.00

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 9/30/15
Name & Address: Laborers Local 1098 PAC
340 E. Morley Dr.
Saginaw, MI 48601

6. Amount \$ 250.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 500.00

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 10/1/2015
Name & Address: CTE Edward Clements for Commission
515 Webb Dr.
Bay City, MI 48706

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

5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

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

6. Amount \$ _____ 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 600.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150716
2. Committee Name Bren # Brunner for 4th Ward

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Allied Printing</u> Address <u>240 N. Fenway Dr.</u> <u>Fenton, MI</u> <u>48430</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/2/15</u> Date	<u>\$ 246.98</u>
Expenditure #2 Name <u>Great Minds Graphic Design</u> Address <u>2468 Kaye Ct.</u> <u>Bay City, MI</u> <u>48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Graphic Design</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/30/15</u> Date	<u>\$ 150.00</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 396.98
 Grand Total of all Schedules 1B
 (Complete on last page of Schedule) 396.98
 Enter this total on line 8a of Summary Page