



**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: 08/27/13 to 10/20/13

1. Committee I.D. Number  
**150688**

2. Committee Name  
**Committee to Elect Andrew Niedzinski**

4. Candidate Last Name **Niedzinski** First Name **Andrew** M.I. **G**

4a. Office Sought Including District # or Community Served (If applicable)  
**City Commissioner - 3rd Ward**

4b. County of Residence **BAY**

5. Committee's Mailing Address  
**321 S. Birney St  
Bay City, MI 48708**

Area Code and Phone (989) 992-7864  
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  
**Eric Welsby  
271 Lovell Court  
Flushing, MI 48433**

Area Code & Phone (810) 730-5711

BY  
BAY COUNTY CLERK  
CYNTHIA A. LUCZAK  
2015 JUL 23 P 1:10  
FILED CO CLERK  
18TH JUDICIAL  
CIRCUIT COURT

7. Treasurer's Business Address  
**271 Lovell Court  
Flushing, MI 48433**

Area Code and Phone \_\_\_\_\_

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  
 Special  
 School  
 Caucus

Date of Election, Convention or Caucus  
11/05/13

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 **Eric A. Welsby** Signature \_\_\_\_\_ Date 07/23/15

Candidate **Andrew Niedzinski** Signature \_\_\_\_\_ Date 07/23/15



1. Committee I.D. Number 150688

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Andrew Niedzinski

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>520.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>520.00</u>	(18.) \$ <u>\$4,190.00</u>
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>	(4.) \$ <u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>\$520.00</u>	(20.) \$ <u>\$4,190.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>	(6.) \$ <u>\$0.00</u>	(21.) \$ <u>\$0.00</u>
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$589.44</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>\$0.00</u>	
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$ <u>\$589.44</u>	(23.) \$ <u>\$2,545.44</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>\$0.00</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>\$0.00</u>	
<b>BALANCE STATEMENT</b>		
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$1,714.00</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$520.00</u>	
<b>15. SUBTOTAL Add lines 13 and 14</b>	(15.) = \$ <u>\$2,234.00</u>	
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$ <u>\$589.44</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>\$1,644.56</u>	*



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150688  
2. Committee Name Committee to Elect Andrew Niedzinski

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 09/03/13

Name & Address:  
Operating Engineers Local 324  
State of Michigan Political Action Committee  
500 Hulet Drive  
Bloomfield Township, MI 48302

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

\$ 250.00      \$ 250.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct       Loan from a person       Fund Raiser

3. Contribution #2      PAC Receipt?  YES      4. Date of Receipt 09/03/13

Name & Address:  
Bay City MERS  
Retirees/Beneficiaries Association  
*2594 W. North Union Rd.  
Midland, MI 48642*

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

\$ 250.00      \$ 250.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct       Loan from a person       Fund Raiser

3. Contribution # 3      PAC Receipt?  YES      4. Date of Receipt 10/17/13

Name & Address:  
Thomas Herek  
1606 30th St.  
Bay City, MI 48708

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

\$ 20.00      \$ 20.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct       Loan from a person       Fund Raiser

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: [Click Here for Memo Itemization](#)

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct       Loan from a person       Fund Raiser

Page Subtotal **\$520.00**  
Grand Total of All Schedules 1A **\$520.00**  
(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 150688  
2. Committee Name Committee to Elect Andrew Niedzinski

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>Bay County Democratic Party</b>  Address 5265 2 Mile rd. Bay City, MI 48706  <input 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>08/18/13</u> Date	<u>\$ 50.00</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #2 Name <b>Lawson Printers</b>  Address 685 West Columbia Ave Battle Creek, MI 49015  <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Lit/ Mailer</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/08/13</u> Date	<u>\$ 233.24</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #3 Name <b>Sawicki and Sons</b>  Address 1521 W. Lafayette Blvd. Detroit, MI 48612  <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign signs</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/06/13</u> Date	<u>\$ 286.20</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #4 Name <b>Kerice Basnadjian</b>  Address 315 S. Kiesel st. Bay City, MI 48706  <input 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>10/08/13</u> Date	<u>\$ 20.00</u>  <a href="#">Click Here for Memo Itemization Type</a>
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	\$ _____  <a href="#">Click Here for Memo Itemization Type</a>

Subtotal this page **\$589.44**  
Grand Total of all Schedules 1B (Complete on last page of Schedule) **\$589.44**

Enter this total on line 8a of Summary Page