



**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: 06/01/15 to 07/19/15

1. Committee I.D. Number  
**150715**

2. Committee Name  
**CTE Edward Clements for Commission**

4. Candidate Last Name **Clements** First Name **Edward** M.I. **P**

4a. Office Sought Including District # or Community Served (If applicable)  
**8th Ward Bay City Commissioner**

4b. County of Residence **BAY**

5. Committee's Mailing Address  
**515 Webb Dr.  
Bay City, MI 48706**

Area Code and Phone (989) 501-6063  
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  
**N/A**

Area Code & Phone \_\_\_\_\_

7. Treasurer's Business Address  
**N/A**

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

8. Designated Record keeper's Name and Mailing Address (If the Designated Record keeper has a Designated Record keeper)  
**N/A**

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

FILED  
18TH JUDICIAL  
CIRCUIT COURT  
2015 JUL 20 P 2:06  
BAY COUNTY CLERK  
CYNTHIA A. LUCZAK

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  
08/04/15

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 lates 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 **Edward P. Clements** / *Edward P. Clements* Date **July 21, 2015**  
Type or Print Name Signature



1. Committee I.D. Number 150715

2. Committee Name CTE Edward Clements for Commission

**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>1784.05</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1784.05</u>	(18.) \$ <u>1784.05</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0</u>	(19.) \$ <u>0</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>1784.05</u>	(20.) \$ <u>1784.05</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>1386.30</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>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>1386.30</u>	(23.) \$ <u>1386.30</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (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>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>0</u>	(24.) \$ <u>0</u>
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>500.85</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>0</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1784.05</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>1784.05</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1386.30</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>397.75</u>	



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150715  
2. Committee Name CTE Edward Clements for Commission

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>06/18/15</u> Name & Address: Michigan Laborers' Political League 1118 Centennial Way Suite 100 Lansing, MI 48917--9280  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>500.00</u>	\$ <u>500.00</u>
<a href="#">Click Here for Memo Itemization</a>		
3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>06/30/15</u> Name & Address: Plumbers and Steamfitters 85 P.A.C. 6705 Weiss St. Saginaw, MI 48603  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	\$ <u>250.00</u>	\$ <u>250.00</u>
<a href="#">Click Here for Memo Itemization</a>		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/15</u> Name & Address: Ed Clements 515 Webb Dr. Bay City, MI 48706  5. If over \$100.00 cumulative, please provide: Occupation <u>Teacher</u> Employer <u>Bay City Public Schools</u> Business Address <u>910 N. Walnut St. Bay City, MI 48706</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>233.20</u>	\$ <u>233.20</u>
<a href="#">Click Here for Memo Itemization</a>		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/29/15</u> Name & Address: Ed Clements 515 Webb Dr. Bay City, MI 48706  5. If over \$100.00 cumulative, please provide: Occupation <u>Teacher</u> Employer <u>Bay City Public Schools</u> Business Address <u>910 N. Walnut St. Bay City, MI 48706</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>200.00</u>	\$ <u>433.20</u>
<a href="#">Click Here for Memo Itemization</a>		

Page Subtotal ~~500.00~~ 1183.20

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 150715  
2. Committee Name CTE Edward Clements For Commission

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>7/17/2015</u> Name & Address: <u>Ron Mindy Kowski</u> <u>804 S. Arbor</u> <u>Bay City, MI 48706</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Teacher</u> Employer <u>Bay City Public Schools</u> Click Here for Memo Itemization Business Address <u>910 N. Walnut St. Bay City, MI 48706</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/7/2015</u> Name & Address: <u>Ed Clements</u> <u>515 Webb Dr.</u> <u>Bay City, MI 48706</u>		\$ <u>500.85</u>	\$ <u>934.05</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Teacher</u> Employer <u>Bay City Public Schools</u> Click Here for Memo Itemization Business Address <u>910 N. Walnut St. Bay City, MI 48706</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
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 _____ Click Here for Memo Itemization Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
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 _____ Click Here for Memo Itemization Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

600.85

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

~~600.85~~ 1784.05

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150715  
2. Committee Name CTE Edward Clements for Commission

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>Great Minds Graphic Design</b>  Address 2468 Kaye Ct. Bay City, MI 48708  <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>06/29/15</u> Date	<u>\$ 200.00</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #2 Name <b>Allied Union Services</b>  Address 240 N. Fenway Dr. Fenton, MI 48430  <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>06/30/15</u> Date	<u>\$ 233.20</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #3 Name <b>Ed Clements</b>  Address 515 Webb Dr. Bay City, MI 48706  <input type="checkbox"/> Fund Raiser	Purpose: <u>Loan Payment</u>  <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/30/15</u> Date	<u>\$ 433.00</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #4 Name <b>Sawicki and Son</b>  Address 1521 W. Lafayette Detroit, MI 48216  <input type="checkbox"/> Fund Raiser	Purpose: <u>Yard Signs</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/07/15</u> Date	<u>\$ 500.85</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #5 Name <b>Chemical Bank</b>  Address   <input type="checkbox"/> Fund Raiser	Purpose: <u>order checks</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/30</u> Date	<u>\$ 19.25</u>  <a href="#">Click Here for Memo Itemization Type</a>

Subtotal this page 1386.30 ~~\$1,367.05~~  
 Grand Total of all Schedules 1B (Complete on last page of Schedule) 1386.30 ~~\$1,367.05~~  
 Enter this total on line 8a of Summary Page



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

1. Committee I.D. Number 150715  
2. Committee Name CTE Edward Clements for Commissin

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: Ed Clements 515 Webb Dr. Bay City, MI 48706	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>06/29/15</u> 6. <u>Original Amount of Debt:</u> <u>\$ 200.00</u>	<u>06/30/15</u> \$ <u>200.00</u> \$ \$ \$	\$ <u>200.00</u>	\$ <u>0.00</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: Ed Clements 515 Webb Dr. Bay City, MI 48706	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>06/30/2015</u> 6. <u>Original Amount of Debt:</u> <u>\$ 233.20</u>	<u>06/30/15</u> \$ <u>233.20</u> \$ \$ \$	\$ <u>233.20</u>	\$ <u>0.00</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: Ed Clements 515 Webb Dr. Bay City, MI 48706	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>07/07/2015</u> 6. <u>Original Amount of Debt:</u> <u>\$ 500.85</u>	\$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>500.85</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$500.85**  
Grand Total of all Schedules 1E **\$500.85**  
(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.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

www.Michigan.gov/sos

LATE CONTRIBUTION REPORT

1. Your Committee ID#: 150715
2. Your Committee Name: CTE Edward Clements for Commission
3. Date Late Contribution(s) Received: 7/20/2015 (Only one Date per Sheet)

- Late Contribution Reports are required when a
  - Candidate committee receives a single contribution or a cumulative contribution from the same contributor of \$500.00 or more after the closing date of the last campaign statement required and the 3<sup>rd</sup> day before an election where the candidate is participating. See Appendix G of the Campaign Finance Manual.
  - A committee other than a candidate committee (PAC, Ballot Question or Political Party) receives a single contribution or a cumulative contribution from the same contributor of \$2,500.00 or more after the closing date of the last campaign statement required and the 3<sup>rd</sup> day before an election. See Appendix G of the Campaign Finance Manual.
- Contributions are anything of monetary value including contributions of money, in-kind and loans to the committee.
- Late Contribution Reports are not waived by the Reporting Waiver.
- Late Contribution Reports that are filed late result in the committee receiving a late filing fee. The maximum fee is \$2,000.00 per report.
- Paper filers may file the report by any written means (including fax) within 48 hour of receipt of the contribution with your Filing Official.
- Electronic Filers on the state level must file all Late Contribution Report electronically.
- The Late Contribution must also be reported on the next Campaign Statement owed by the committee.

4. Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial and if the contributor is an individual, the Occupation, Employer and Business address of the contributor.	5. Amount
Contributor Name and Address: <u>Brian Dufresne</u> <u>898 Cecelia Ct.</u> <u>Essexville, MI 48732</u> (If Individual, also provide:) Occupation <u>Principal</u> Employer / Business Address <u>Bay City Public Schools.</u> <u>910 N. Walnut; Bay City, MI 48706</u>	50.00
Contributor Name and Address: <u>Operating Engineers Local 324</u> <u>State of MI OPAC</u> <u>500 Hulet Dr.</u> (If Individual, also provide:) Occupation _____ Employer / Business Address <u>Bloomfield, TWP MI 48302</u>	500.00
Contributor Name and Address: _____ (If Individual, also provide:) Occupation _____ Employer / Business Address _____	
Contributor Name and Address: _____ (If Individual, also provide:) Occupation _____ Employer / Business Address _____	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

www.Michigan.gov/sos

LATE CONTRIBUTION REPORT

1. Your Committee ID#: 150715
2. Your Committee Name: CTE Edward Clements for Commission
3. Date Late Contribution(s) Received: 7/22/2015 (Only one Date per Sheet)

- Late Contribution Reports are required when a
  - Candidate committee receives a single contribution or a cumulative contribution from the same contributor of \$500.00 or more after the closing date of the last campaign statement required and the 3<sup>rd</sup> day before an election where the candidate is participating. See Appendix G of the Campaign Finance Manual.
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- Electronic Filers on the state level must file all Late Contribution Report electronically.
- The Late Contribution must also be reported on the next Campaign Statement owed by the committee.

4. Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial and if the contributor is an individual, the Occupation, Employer and Business address of the contributor.	5. Amount
Contributor Name and Address: <u>IBEW PAC Voluntary Fund</u> <u>900 Seventh St. NW</u> <u>Washington, D.C. 20001</u> (If Individual, also provide:) Occupation _____ Employer / Business Address _____	<u>500.00</u>
Contributor Name and Address: <u>Sheet Metal Workers Local 7 PAC</u> <u>4931 Contec Dr.</u> <u>Lansing, MI 48910</u> (If Individual, also provide:) Occupation _____ Employer / Business Address _____	<u>500.00</u>
Contributor Name and Address: (If Individual, also provide:) Occupation _____ Employer / Business Address _____	
Contributor Name and Address: (If Individual, also provide:) Occupation _____ Employer / Business Address _____	

BY  
 BAY COUNTY CLERK  
 CYNTHIA A. LUCZAK  
 2015 JUL 23 P 4: 23  
 FILED CO CLERK  
 18TH JUDICIAL  
 CIRCUIT COURT