



FILED
18TH
CIRC.

ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

1. Committee ID #: 150304

2. Type of Filing:
 Original
 Amendment to Items: 3, 4, 8 Eff. Date: 5/23/11

3. Full Name of Committee (must include Candidate's first and last name): Lori Dufresne for 4th Ward Commissioner

4a. Candidate Full Name (Last, First, M.I.):
Dufresne Lori L

4b. Political Party (if applicable):

4c. County of Residence: BAY

4d. Office Sought (Check one):

<input type="checkbox"/> Governor	<input type="checkbox"/> Lt. Governor	<input type="checkbox"/> State Senator
<input type="checkbox"/> State Rep.	<input type="checkbox"/> Sec. of State	<input type="checkbox"/> Attorney Gen.
<input type="checkbox"/> State Bd. of Ed.	<input type="checkbox"/> UofM Reg.	<input type="checkbox"/> MSU Trustee
<input type="checkbox"/> WSU Gov.	<input type="checkbox"/> Supreme Court	<input type="checkbox"/> Appeals Court
<input type="checkbox"/> Circuit Court	<input type="checkbox"/> District Court	<input type="checkbox"/> Probate Court
<input type="checkbox"/> Municipal Court		

Local or other please specify:

4e. District/Circuit # or Jurisdiction:

5. Date Committee was Formed:

6a. Committee Phone #: 989-245-6869

6b. Committee Fax #: N/A

6c. Committee E-mail Address: lori.dufresne@gmail.com

6d. Committee Website Address: N/A

7a. Complete Comm. Mailing Address (May be PO Box):
500 S. Lincoln St.
Bay City MI 48708-7409

7b. Complete Comm. Street Address (May not be PO Box):
500 S. Lincoln St.
Bay City MI 48708-7409

8. Treasurer Name and Complete Address:
Lori L. Dufresne
500 S. Lincoln St.
Bay City MI 48708-7409
Phone #: 989-245-6869
E-mail Address: lori.dufresne@gmail.com

9. Designated Record Keeper Name and Complete Address:

Phone #:

E-mail Address:

10. REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in an election and checks this box, the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold.

11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association)

a. Official Depository
Citizen's Bank
2750 Center Ave.
Essexville MI 48732

b. Secondary Depository

12. This item applies only to **Gubernatorial Candidate Committees**: Check if this committee intends to seek qualifying contributions or make qualifying expenditures.

13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not apply to Candidate Committees that file with the County Clerk's office.

The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the preceding calendar year OR expects to spend or receive \$20,000 in the current calendar year to file campaign statements electronically. MERTS Plus software is provided to you free of charge to assist you in meeting this requirement.

Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.

** OR **

Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily.

14. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date)

Lori L. Dufresne 5/23/11
Candidate

Current Treasurer

Designated Record Keeper (Required only if filing electronically)

*Her last name
changed in computer
to Dufresne (Billson)
per Cindy 10/19/11*

August 12, 2011

*Cindy called & left
message on 9/19/11*

Lori L. Dufresne
500 S. Lincoln Street
Bay City, MI 48708

Dear Ms. Dufresne:

Enclosed please find a Statement of Organization required in order for you to run for the office of Bay City 4th Ward Commissioner.

Please return as soon as possible and if you have any questions please call our office at, 989-895-4280.

Sincerely,

Cynthia A. Luczak
Bay County Clerk

CAL/ses

Enclosure

*Per Bureau of Elections on 10/19/11
No enforcement of CER Act for
amendment of a last name on
statement of organization. No
provision in the law regarding fines.*



Copy

ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

1. Committee ID #: 150304

2. Type of Filing:
 Original
 Amendment to Items: 10 Eff. Date: 12-6-07

3. Full Name of Committee (must include Candidate's first and last name):

4a. Candidate Full Name (Last, First, M.I.):
Bollman, Lori L.

4b. Political Party (if applicable):

4c. County of Residence:
Bay

4d. Office Sought (Check one):

<input type="checkbox"/> Governor	<input type="checkbox"/> Lt. Governor	<input type="checkbox"/> State Senator
<input type="checkbox"/> State Rep.	<input type="checkbox"/> Sec. of State	<input type="checkbox"/> Attorney Gen.
<input type="checkbox"/> State Bd. of Ed.	<input type="checkbox"/> UofM Reg.	<input type="checkbox"/> MSU Trustee
<input type="checkbox"/> WSU Gov.	<input type="checkbox"/> Supreme Court	<input type="checkbox"/> Appeals Court
<input type="checkbox"/> Circuit Court	<input type="checkbox"/> District Court	<input type="checkbox"/> Probate Court
<input type="checkbox"/> Municipal Court		

Local or other please specify: Bay City Commission

4e. District/Circuit # or Jurisdiction:

5. Date Committee was Formed: 5/14/03

6a. Committee Phone #: 989-892-3053

6b. Committee Fax #:

6c. Committee E-mail Address:
loribcmi@chartermi.net

7a. Complete Comm. Mailing Address (May be PO Box):
500 S. Lincoln St.
Bay City MI 48708-7409

7b. Complete Comm. Street Address (May not be PO Box):
500 S. Lincoln St.
Bay City MI 48708-7409

8. Treasurer Name and Complete Address:
Lori Bollman
500 S. Lincoln St
Bay City MI 48708-7409

Phone #: 989-892-3053

E-mail Address: loribcmi@chartermi.net

9. Designated Record Keeper Name and Complete Address:

Phone #:

E-mail Address:

10. REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in an election and checks this box, the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold.

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Candidate: Lori Bollman 12/6/07

Current Treasurer: Lori Bollman 12/6/07

Designated Record Keeper (Required only if filing electronically):



ORIGINAL OR AMENDED

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2. Type of Filing:
 Original
 Amendment to Items: 10 Eff. Date: 12-6-07

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4a. Candidate Full Name (Last, First, M.I.):
Bollman, Lori L.

4b. Political Party (if applicable):

4c. County of Residence:
Bay

4d. Office Sought (Check one):

<input type="checkbox"/> Governor	<input type="checkbox"/> Lt. Governor	<input type="checkbox"/> State Senator
<input type="checkbox"/> State Rep.	<input type="checkbox"/> Sec. of State	<input type="checkbox"/> Attorney Gen.
<input type="checkbox"/> State Bd. of Ed.	<input type="checkbox"/> UofM Reg.	<input type="checkbox"/> MSU Trustee
<input type="checkbox"/> WSU Gov.	<input type="checkbox"/> Supreme Court	<input type="checkbox"/> Appeals Court
<input type="checkbox"/> Circuit Court	<input type="checkbox"/> District Court	<input type="checkbox"/> Probate Court
<input type="checkbox"/> Municipal Court		

Local or other please specify: Bay City Commission

4e. District/Circuit # or Jurisdiction:

5. Date Committee was Formed: 5/14/03

6a. Committee Phone #: 989-892-3053

6b. Committee Fax #:

6c. Committee E-mail Address:
loribcmi@chartermi.net

7a. Complete Comm. Mailing Address (May be PO Box):
500 S. Lincoln St.
Bay City MI 48708-7409

7b. Complete Comm. Street Address (May not be PO Box):
500 S. Lincoln St.
Bay City MI 48708-7409

8. Treasurer Name and Complete Address:
Lori Bollman
500 S. Lincoln St
Bay City MI 48708-7409

Phone #: 989-892-3053

E-mail Address: loribcmi@chartermi.net

9. Designated Record Keeper Name and Complete Address:

Phone #:

E-mail Address:

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b. Secondary Depository

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Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.

** OR **

Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily.

14. **Verification:** I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date)

Candidate: Lori Bollman 12/6/07

Current Treasurer: Lori Bollman 12/6/07

Designated Record Keeper (Required only if filing electronically):

DEC 6 11 47 AM
MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

-- POST-ELECTION CAMPAIGN FINANCE COMPLIANCE STATEMENT --

- This form must be filed by any candidate subject to Michigan's Campaign Finance Act who is elected to a state, county, city, township, village or school office. The form must be filed *before* the candidate assumes office. Exceptions: an elected candidate whose Candidate Committee did not receive or expend more than \$1,000.00 during the election cycle is *not* required to submit this form. In addition, this form does not have to be filed by an individual elected to a U.S. Senate, U.S. House or precinct delegate position.
- An elected candidate who is required to file a Post-Election Campaign Finance Compliance Statement must submit this form to the filing official designated to receive the elected candidate's campaign finance disclosure filings.
- An elected candidate subject to the Post -Election Campaign Finance Compliance Statement filing requirement who fails to submit this form prior to assuming office is guilty of a misdemeanor.

I swear (or affirm) that on this date, all statements, reports, late filing fees and fines required of me or any Candidate Committee organized to support my election to office and registered under Michigan's Campaign Finance Act, PA 388 of 1976, have been filed or paid. I further acknowledge that making a false statement in this affidavit is perjury, punishable by a fine of up to \$1,000.00 or imprisonment for up to 5 years, or both.

Signature of Candidate: Lori Bollman
Printed Name of Candidate: Loribollman
Residential Address: 500 S. Lincoln
Bay City, MI 48708
Phone: (989) 892-3053
Office You Will Assume: 4th Ward City Commissioner

FILED
NOV 19 4 58 PM '07
CLERK OF CIRCUIT COURT
GENESEE COUNTY, MICHIGAN

Subscribed and sworn to by LORI BOLLMAN Name of Notary: LAURIE A. TATA
before me on the 19th day of November 2007 Notary Public, State of Michigan, County of GENESEE
Laurie A. Tata My commission expires OCTOBER 29, 2010
Signature of notary public Acting in the County of Bay



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 5 / 27 / 03 to 1 / 1 / 07
Mo Day Year to Mo Day Year

1. Committee I.D. Number
150304
2. Committee Name
Lori Bollman for Commissioner

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

5. Committee's Mailing Address
500 S. Lincoln St.
Bay City MI 48708-7409
Area Code and Phone 989-892-3053
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
Lori Bollman
500 S. Lincoln St.
Bay City MI 48708-7409
Area Code & Phone (989) 892-3053

7. Treasurer's Business Address
SAME AS ABOVE
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 School
 Special Caucus
Date of Election, Convention or Caucus
11 / 04 / 03
Month Day Year

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
Effective Date of Dissolution
Month Day Year
By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.
Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. **If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.**

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.
Current Treasurer or Designated Record keeper Lori Bollman, Lori Bollman Date 11 / 26 / 07
Type or Print Name Signature Mo Day Year
Candidate Lori Bollman, Lori Bollman Date 11 / 26 / 07
Type or Print Name Signature Mo Day Year

Authority granted under P.A. 388 of 1976

X



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 60304
2. Committee Name Lori Bollman for Commissioner

**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>1200⁰⁰</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1200⁰⁰</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>957⁶⁸</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>2157⁶⁸</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>33⁰⁰</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0</u>	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1589⁶⁸</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>1589⁶⁸</u>	(23.) \$ _____
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.) \$ _____
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>2157⁶⁸</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>2157⁶⁸</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1589⁶⁸</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>568⁰⁰</u>	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150304
2. Committee Name Lori Bollman 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 from committees regardless of amount.

3. Contribution #	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Name: <u>Michigan Regional Council of Carpenters</u> Address: <u>1300 West Thomas Bay City MI</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<u>9/8/03</u>	200 ⁰⁰	300 ⁰⁰
3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES Name: <u>Iron Workers Local 25 - PAC Fund</u> Address: <u>25150 Trans X Dr. Novi, MI 48736</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<u>8/1/03</u> <u>9/18/03</u>	150 ⁰⁰ 350 ⁰⁰	400 ⁰⁰
3. Contribution #3 PAC Receipt? <input checked="" type="checkbox"/> YES Name: <u>IBEW - COPE</u> Address: <u>811 Bridgeview South Saginaw MI 48604</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<u>8/1/03</u>	500 ⁰⁰	500 ⁰⁰
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES Name: <u>Robert Redmond</u> Address: <u>301 N Mountain Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<u>7/14/03</u>	100 ⁰⁰	100 ⁰⁰
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)			1200.00 ✓	

Enter this total on line 3a of Summary Page



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

1. Committee I.D. Number 150304

2. Committee Name Lor. Ballman for Commissioner

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name: <u>Corraine Waaler</u> Address: <u>1904 Gaele Ct. Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>8.00</u>
Receipt #2 Name: <u>Richard Waaler</u> Address: <u>1904 Gaele Ct Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>8.00</u>
Receipt #3 Name: <u>Sue Ballman</u> Address: <u>494 N. Knight Rd Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>8.00</u>
Receipt #4 Name: <u>Michelle Hoerner</u> Address: <u>2905 Parlas Saginaw MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>8.00</u>
Receipt #5 Name: <u>Rocky Dufresne</u> Address: <u>563 S. Lincoln Rd. Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>8.00</u>
Receipt #6 Name: <u>Karen Dufresne</u> Address: <u>563 S. Lincoln St. Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>8.00</u>
Receipt #7 Name: <u>Boyd Boettger</u> Address: <u>565 Harold St Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>8.00</u>
Page Subtotal Grand Total of All Schedules 1A-1 (Complete on last page of Schedule)			<u>56.00</u>



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

1. Committee I.D. Number 150304

2. Committee Name Lori Bollman for Commission

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name: <u>Mike Studders</u> Address: <u>215 Ames St</u> <u>Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>800</u>
Receipt #2 Name: <u>Frank Hernandez</u> Address: <u>1110 N. Wilson</u> <u>Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>800</u>
Receipt #3 Name: <u>Karry Neering</u> Address: <u>1110 N. Wilson</u> <u>Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>800</u>
Receipt #4 Name: <u>Tom Ryder</u> Address: <u>5 Pitre Ct.</u> <u>Essexville MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>1600</u>
Receipt #5 Name: <u>Debbie Padilla</u> Address: <u>1509 4th St</u> <u>Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>2500</u>
Receipt #6 Name: <u>Jodie Engelhardt</u> Address: <u>2167 E. Cottage Grove</u> <u>Linwood MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>1100</u>
Receipt #7 Name: <u>Mary Hennessey</u> Address: <u>1010 Pendleton</u> <u>Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>800</u>
Page Subtotal Grand Total of All Schedules 1A-1 (Complete on last page of Schedule)			<u>8700</u> ✓



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

1. Committee I.D. Number 150304

2. Committee Name Gov. Ballman for Commissioner

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name: <u>Joe Sheeran</u> Address: <u>1206 Wilderness</u> <u>Essexville MI 48732</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____ <input checked="" type="checkbox"/> Fund Raiser	<u>8.00</u>
Receipt #2 Name: <u>Tom Starkweather</u> Address: <u>1113 McKinley St.</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____ <input checked="" type="checkbox"/> Fund Raiser	<u>7.00</u>
Receipt #3 Name: <u>Mick Redmond</u> Address: <u>4836 Bonnie Dr.</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____ <input checked="" type="checkbox"/> Fund Raiser	<u>7.00</u>
Receipt #4 Name: <u>Garnet Bogner</u> Address: <u>2924 Garfield</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____ <input checked="" type="checkbox"/> Fund Raiser	<u>7.00</u>
Receipt #5 Name: <u>C. Prevost</u> Address: <u>1619 Stanton</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____ <input checked="" type="checkbox"/> Fund Raiser	<u>7.00</u>
Receipt #6 Name: <u>Delilah Maxwell</u> Address: <u>10205 Jackson</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____ <input checked="" type="checkbox"/> Fund Raiser	<u>8.00</u>
Receipt #7 Name: <u>John Maxwell</u> Address: <u>1020 S Jackson</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____ <input checked="" type="checkbox"/> Fund Raiser	<u>8.00</u>
Page Subtotal Grand Total of All Schedules 1A-1 (Complete on last page of Schedule)			<u>52.00</u>



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

1. Committee I.D. Number

150304

2. Committee Name

Lori Bellman for Commissioner

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name: Bill Cutler Address: 1011 Fraser Bay City MI <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt 10/16/03	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	700
Receipt #2 Name: Chris Hennessey Address: 1010 Pendleton Bay City MI <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt 10/16/03	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	800
Receipt #3 Name: Judy Branner Address: 208 Murphy St Bay City MI <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt 10/16/03	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	800
Receipt #4 Name: Kim Coonan Address: 706 Sydney St Bay City MI <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt 10/16/03	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	3200
Receipt #5 Name: Jerry Nearing Address: 1119 N. Dean Bay City MI <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt 10/16/03	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	1600
Receipt #6 Name: Gwen Kanicki Address: 7093 Hayward Saginaw MI <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt 10/16/03	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	800
Receipt #7 Name: Mary Bellman Address: 2863 Wheeler Bay City MI <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt 10/16/03	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	1600
Page Subtotal Grand Total of All Schedules 1A-1 (Complete on last page of Schedule)			4500



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

1. Committee I.D. Number 150304

2. Committee Name Lori Bellman for Commissioner

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name: <u>Mark Kaplanski</u> Address: <u>1906 S Sherdan</u> <u>Bay City MI</u>	Date of Receipt <u>10/14/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	<u>800</u>
Receipt #2 Name: <u>Cindy Kaplanski</u> Address: <u>1906 S Sherdan</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	<u>800</u>
Receipt #3 Name: <u>Nick Kaplanski</u> Address: <u>P.O. Box 2105</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	<u>800</u>
Receipt #4 Name: <u>Gail Kaplanski</u> Address: <u>P.O. Box 2105</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	<u>500</u>
Receipt #5 Name: <u>John Davidson</u> Address: <u>1218 Marsac</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	<u>800</u>
Receipt #6 Name: <u>Denise Davidson</u> Address: <u>1218 Marsac</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	<u>800</u>
Receipt #7 Name: <u>Bay City Elizabeth Davidson</u> Address: <u>1218 Marsac</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	<u>800</u>

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

3600



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

1. Committee I.D. Number 150304

2. Committee Name Lori Bollman for Commissioner

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name: <u>Victoria Davidson</u> Address: <u>1218 Marsac</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input checked="" type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>3⁰⁰</u>
Receipt #2 Name: <u>Ron Laforest</u> Address: <u>1301 W. Jane</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input checked="" type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>8⁰⁰</u>
Receipt #3 Name: <u>Marie Kurzer</u> Address: <u>300 S. Linn St.</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>32⁰⁰</u>
Receipt #4 Name: <u>Tom Jane</u> Address: <u>617 S. Lincoln St.</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>25⁰⁰</u>
Receipt #5 Name: <u>Dan Bollman</u> Address: <u>709 Litchfield</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>10⁰⁰</u>
Receipt #6 Name: <u>Maureen Bollman</u> Address: <u>709 Litchfield</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>10⁰⁰</u>
Receipt #7 Name: <u>Don Zube</u> Address: <u>2605 2nd.</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>40⁰⁰</u>
Page Subtotal			<u>125⁰⁰</u> ✓
Grand Total of All Schedules 1A-1 (Complete on last page of Schedule)			



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

1. Committee I.D. Number 150304

2. Committee Name Lori Bollman for Commissioner

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name: <u>Bob Katt</u> Address: <u>1307 McCormick St</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	<u>10⁰⁰</u>
Receipt #2 Name: <u>Barb Katt</u> Address: <u>1307 McCormick St</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	<u>10⁰⁰</u>
Receipt #3 Name: <u>Mary Donnelly</u> Address: <u>1013 Green St</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	<u>10⁰⁰</u>
Receipt #4 Name: <u>Roland Kaiser</u> Address: <u>580 Carter Rd</u> <u>Midland MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	<u>8⁰⁰</u>
Receipt #5 Name: <u>Art & Nancy Pomerville</u> Address: <u>912-4 N Salem</u> <u>Essexville MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	<u>30⁰⁰</u>
Receipt #6 Name: <u>Jerry Moore</u> Address: <u>1307 East</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	<u>8⁰⁰</u>
Receipt #7 Name: <u>Carolyn Moore</u> Address: <u>1307 East</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	<u>8⁰⁰</u>
Page Subtotal Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)			<u>90⁰⁰</u> ✓



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

1. Committee I.D. Number 150304

2. Committee Name Lori Bollman Per Commissioner

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name: <u>Eileen Glaza</u> Address: <u>504 S. Lincoln St.</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	<u>800</u>
Receipt #2 Name: <u>Jason Brzezinski</u> Address: <u>2413 25th</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	<u>800</u>
Receipt #3 Name: <u>Dick Gonyea</u> Address: <u>1400 E. Beaver Rd</u> <u>Kawkawia MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	<u>800</u>
Receipt #4 Name: <u>Harold Kaiser</u> Address: <u>3229-G Huntington Woods S.E.</u> <u>Kentwood MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	<u>800</u>
Receipt #5 Name: <u>Darrell Maciag</u> Address: <u>887 Knodt</u> <u>Essexville MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	<u>800</u>
Receipt #6 Name: <u>Donna Maciag</u> Address: <u>887 Knodt</u> <u>Essexville MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	<u>800</u>
Receipt #7 Name: <u>Dan Lethover</u> Address: <u>709 Polk St</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	<u>1600</u>
Page Subtotal Grand Total of All Schedules 1A-1 (Complete on last page of Schedule)			<u>6400</u> ✓



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

1. Committee I.D. Number

150304

2. Committee Name

Gov. Ballman for Commissioner

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name: Karen Couture Address: 1902 16th St Bay City MI	Date of Receipt 10/16/03	<input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify)	800
Receipt #2 Name: Alfred Couture Address: 1902 16th St Bay City MI	Date of Receipt 10/16/03	<input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify)	800
Receipt #3 Name: M.J. Corney Address: 2809 Fitzhugh Bay City MI	Date of Receipt 10/16/03	<input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify)	800
Receipt #4 Name: Tom Corney Address: 2809 Fitzhugh Bay City MI	Date of Receipt 10/16/03	<input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify)	800
Receipt #5 Name: Richard Manor Address: 609 Sidney St Bay City MI	Date of Receipt 10/16/03	<input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify)	800
Receipt #6 Name: Mary Whyte Manor Address: 609 Sidney St Bay City MI	Date of Receipt 10/16/03	<input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify)	800
Receipt #7 Name: Jack Layle Address: 5255 Fairway Bay City MI	Date of Receipt 10/16/03	<input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify)	800
Page Subtotal Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)			5600 ✓



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

1. Committee I.D. Number 150304

2. Committee Name Lori Ballman for Commissioner

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name: <u>Ingrid Wojcik</u> Address: <u>811 S. Jackson</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____ <input checked="" type="checkbox"/> Fund Raiser	<u>22⁰⁰</u>
Receipt #2 Name: <u>Mike Rybak</u> Address: <u>2437 2nd</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____ <input checked="" type="checkbox"/> Fund Raiser	<u>8⁰⁰</u>
Receipt #3 Name: <u>Sara Rybak</u> Address: <u>2437 2nd</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____ <input checked="" type="checkbox"/> Fund Raiser	<u>8⁰⁰</u>
Receipt #4 Name: <u>Mike Rybak Sr</u> Address: <u>Mulholland</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____ <input checked="" type="checkbox"/> Fund Raiser	<u>8⁰⁰</u>
Receipt #5 Name: <u>Chris Rybak</u> Address: <u>Mulholland</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____ <input checked="" type="checkbox"/> Fund Raiser	<u>8⁰⁰</u>
Receipt #6 Name: <u>Elaine Keyser</u> Address: <u>405 S. Dean St.</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____ <input checked="" type="checkbox"/> Fund Raiser	<u>8⁰⁰</u>
Receipt #7 Name: <u>Don Haffelbawer</u> Address: <u>415 Park Av.</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____ <input checked="" type="checkbox"/> Fund Raiser	<u>16⁰⁰</u>
Page Subtotal Grand Total of All Schedules 1A-1 (Complete on last page of Schedule)			<u>78⁰⁰</u>

Enter this total on
line 4 of Summary
Page



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

1. Committee I.D. Number 150304

2. Committee Name Leri Bellman for Commissioner

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name: <u>John Rozentzkycki</u> Address: <u>300 15th St.</u> <u>Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>16⁰⁰</u>
Receipt #2 Name: <u>Roselin McDougald</u> Address: <u>3443 Northway Ct. 2</u> <u>Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>8⁰⁰</u>
Receipt #3 Name: <u>Les Roseberry</u> Address: <u>393 E. Kawkawin River Dr.</u> <u>Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>8⁰⁰</u>
Receipt #4 Name: <u>Bill Powell</u> Address: <u>5377 Coastway</u> <u>Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>8⁰⁰</u>
Receipt #5 Name: <u>Rick Brzezinski</u> Address: <u>3413 25th St</u> <u>Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>8⁰⁰</u>
Receipt #6 Name: <u>Ken Wiechee</u> Address: <u>404 King St</u> <u>Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>8⁰⁰</u>
Receipt #7 Name: <u>Brigid Wiechee</u> Address: <u>404 King St</u> <u>Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>8⁰⁰</u>
Page Subtotal Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)			<u>64⁰⁰</u> ✓



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

1. Committee I.D. Number 150304

2. Committee Name Lori Bollman for Commissioner

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name: <u>Sean Wiechee</u> Address: <u>404 King St. Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/10/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>3⁰⁰</u>
Receipt #2 Name: <u>Sherrill Miller</u> Address: <u>3609 N. Euclid Ave Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>16⁰⁰</u>
Receipt #3 Name: <u>Habert Corney</u> Address: <u>490 Hale Dr Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>15⁰⁰</u>
Receipt #4 Name: <u>Jeanette Neitzel</u> Address: <u>1704 S. Farragut St. Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/10/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>8⁰⁰</u>
Receipt #5 Name: <u>Robert Redmond</u> Address: <u>201 N. Mountain Bay City MI</u> <input type="checkbox"/> Fund Raiser	Date of Receipt <u>10/17/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Other (Specify) <u>Donation</u>	<u>20⁰⁰</u>
Receipt #6 Name: <u>Lori Bollman</u> Address: <u>500 S. Lincoln St. Bay City MI</u> <input type="checkbox"/> Fund Raiser	Date of Receipt <u>10/17/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Other (Specify) <u>Donation</u>	<u>20⁰⁰</u>
Receipt #7 Name: <u>GFS Market Place</u> Address: <u>3730 Wilder Rd. Bay City MI</u> <input type="checkbox"/> Fund Raiser	Date of Receipt <u>10/17/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>49.68</u>
Page Subtotal			<u>131.68</u>
Grand Total of All Schedules 1A-1 (Complete on last page of Schedule)			<u>957.68</u>

Enter this total on line 4 of Summary Page



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

1. Committee I. D. Number 150304
2. Committee Name Gov. Bellman for Commission

3. Name and Address from whom received <small>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.</small>	4. Type of In-Kind Contribution (Check applicable box)	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 PAC Receipt? <input type="checkbox"/> Yes Name <u>Brigid Wiechee</u> Address: <u>404 King St</u> <u>Bay City MI</u> If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Cupcakes for Fundraiser</u> 5. Date Of Receipt: <u>10/16/03</u> 6. Vendor Name & Address: <u>Homemade</u>	15.00	
Contribution #2 PAC Receipt? <input type="checkbox"/> Yes Name <u>Brenda Wiechee</u> Address: <u>1704 Garfield</u> <u>Auburn MI</u> If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>2 Desserts for fundraiser</u> 5. Date Of Receipt: <u>10/16/03</u> 6. Vendor Name & Address: <u>Homemade</u>	10.00	
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name <u>Karen Dukowski</u> Address: <u>563 S Lincoln Rd</u> <u>Bay City MI</u> If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Dessert for Fundraiser</u> 5. Date Of Receipt: <u>10/16/03</u> 6. Vendor Name & Address: <u>Home made</u>	8.00	

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

33.00

Enter this total on line 6 of Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150304
2. Committee Name Gov. Bellman for Commissioner

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Limited Bay City Credit Union</u> Address <u>1309 N. Lincoln St.</u> <u>Bay City MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Checking Account</u> <u>- Box of Checks</u> Expenditure Code <u>BK</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/27/03</u>	<u>8.42</u>
Expenditure #2 Name <u>U.S. Postal Service</u> Address <u>Washington Ave.</u> <u>Bay City MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage Stamps</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/14/03</u> <u>7/19/03</u> <u>8/1/03</u> <u>9/15/03</u> <u>10/8/03</u>	<u>37.00</u> <u>37.00</u> <u>74.00</u> <u>74.00</u> <u>83.00</u>
Expenditure #3 Name <u>Staples</u> Address <u>4031 N. Euclid Ave.</u> <u>Bay City MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Office Supplies</u> Expenditure Code <u>OE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/1/03</u> <u>10/8/03</u>	<u>11.65</u> <u>43.45</u>
Expenditure #4 Name <u>Sam's Club</u> Address <u>5417 Bay Rd</u> <u>Saginaw MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Printer Ink</u> Expenditure Code <u>OE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/16/03</u> <u>10/7/03</u>	<u>36.96</u> <u>36.96</u>
Expenditure #5 Name <u>Bay City Democratic Press</u> Address <u>P.O. Box 278</u> <u>309 Ninth St</u> <u>Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser Tickets</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/3/03</u>	<u>59.36</u>

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

501.80

Enter this total
on line 8a of
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 150304
2. Committee Name Lori Bellman for Commissioner

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Meijer</u> Address <u>595 North Pine Rd</u> <u>Bay City Mi</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser - Pop</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/14/03</u>	<u>31.22</u>
Expenditure #2 Name <u>GFS Market place</u> Address <u>3730 Wilder Rd</u> <u>Bay City Mi</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser - Food and Paper Products</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/14/03</u> <u>10/14/03</u>	<u>150.07</u> <u>28.87</u>
Expenditure #3 Name <u>Robert Redmond</u> Address <u>301 N. Mountain</u> <u>Bay City Mi 48704</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser - Food</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/17/03</u>	<u>137.96</u>
Expenditure #4 Name <u>P.L.A.V.</u> Address <u>801 S. Farragut St.</u> <u>Bay City Mi</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser - Beer</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/17/03</u>	<u>38.00</u>
Expenditure #5 Name <u>Bob Kott for Mayor</u> Address <u>1307 McCornick</u> <u>Bay City Mi</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Candidate Fundraisr</u> Expenditure Code <u>TC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/3/03</u>	<u>8.00</u>

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

390.07 ✓

Enter this total
on line 8a of
Summary Page

Pg 2 of 3



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 150304

2. Committee Name Leri Ballman for Commissioner

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>John Davidson for Commissioner</u> Address <u>1318 Marsac</u> <u>Bay City MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Candidate Fundraiser</u> Expenditure Code <u>TC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/17/03</u>	<u>32.00</u>
Expenditure #2 Name <u>Robert Redmond</u> Address <u>301 N. Mountain</u> <u>Bay City MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Loan Repayment</u> Expenditure Code <u>LO</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/19/03</u>	<u>100.00</u>
Expenditure #3 Name <u>United Bay City Credit Union</u> Address <u>1309 N. Lincoln St.</u> <u>Bay City MI 49708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>To hold Open Savings account & keep Checking Active</u> Expenditure Code <u>BK</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/27/03</u>	<u>5.00</u>
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		<u>137.00</u>

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

732.20
1023.82
Enter the total on line 8a of Summary Page

Page 3 of 3



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150304
2. Committee Name Lon. Bollman for Commissioner

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Staples</u> Address <u>4021 N. Euclid</u> <u>Bay City Mi. 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/23</u> <u>10/27</u> <u>10/27</u> <u>10/28</u>	<u>2.10</u> <u>2.67</u> <u>4.87</u> <u>2.04</u>
Expenditure #2 Name <u>Postmaster</u> Address <u>1000 Washington Ave</u> <u>Bay City Mi. 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/27</u> <u>10/28</u> <u>10/29</u> <u>10/30</u>	<u>37.00</u> ✓ <u>74.00</u> ✓ <u>46.00</u> ✓ <u>23.00</u> ✓
Expenditure #3 Name <u>Bob Katt for Mayor</u> Address <u>1307 McCormick</u> <u>Bay City Mi. 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Candidate Fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/22</u>	<u>25.00</u> ✓
Expenditure #4 Name <u>Robert Redmond</u> Address <u>201 N. Mountain</u> <u>Bay City Mi. 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Supplies & Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/29</u>	<u>74.10</u> ✓
Expenditure #5 Name <u>Bob Lewandowski</u> Address <u>Wilder & Patterson</u> <u>Bay City Mi. 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/31</u>	<u>70.00</u> ✓

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

360.78

Enter this total on line 8a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150304
2. Committee Name Lori Ballman for Commissioner

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Sam's Club</u> Address <u>5656 Bay Rd</u> <u>Saginaw Mi 48604</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Club Tray</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/4/03</u>	<u>9.88</u> ✓
Expenditure #2 Name <u>American Legion</u> Address <u>Bay City Mi 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Election Nite</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/4/03</u>	<u>45.00</u> ✓
Expenditure #3 Name <u>Mark Schanhals</u> Address <u>8015 Farragut</u> <u>Bay City Mi 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation of Raffle tickets</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/5/03</u>	<u>40.00</u> ✓
Expenditure #4 Name <u>Bay Co. Democratic Party</u> Address <u>PO Box 556</u> <u>Pinconning Mi 48650</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Contributions</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/30/04</u> <u>8/24/04</u> <u>7/25/06</u> <u>3/4/07</u>	<u>30.00</u> <u>25.00</u> <u>30.00</u> <u>15.00</u>
Expenditure #5 Name <u>United Bay Com. Credit Union</u> Address <u>1309 N. Lincoln Ave</u> <u>Bay City Mi 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Dormancy Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/20/07</u>	<u>5.20</u> ✓

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

200.08
1589.68

Enter this total on line 8a of Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150304
2. Committee Name Lori Bollman for Commissioner

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>10</u> / <u>16</u> / <u>03</u> <small>Month Day Year</small>	4. Number of Individuals Attending or Participating (whichever is greater) <u>110</u>	5. Type of Fund Raising Activity <u>Spaghetti Dinner</u>	6. Address and Name (If any) of the place where the activity was held <u>P. L. A. U.</u> <u>801 S. Farragut St</u> <u>Bay City MI</u> <input type="checkbox"/> Private Residence
--	--	---	--

7. Total Contributions of \$20.00 or less 868⁰⁰

8. Total Contributions of \$20.01 or more _____

9. SUBTOTAL (Add lines 7 and 8) 868⁰⁰

10. Other Receipts _____

11. Gross Receipts (Add lines 9 and 10) _____

12. Total Cost of Event* 363.00

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

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

FILED-COMMISSIONER
 BY _____
 BAY COUNTY CLERK
 LINDA _____
 OCT 24 10:58 AM '03
 *Includes In-Kind Contributions and All Expenditures Made For the Event

- 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.



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

1. Committee I.D. Number 150304
2. Committee Name Lori Bollman for Commissioner

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 (Indicate type and you may assign an expenditure code) 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>Robert Redmond</u> <u>201 N. Mountain</u> <u>Bay City M. 48706</u>	4. Type: <u>Loan</u> Code <u>LN</u> 5. Date Debt Was Incurred: <u>7/14/03</u> 6. Original Amount of Debt: \$ <u>100⁰⁰</u>	<u>11</u> \$ <u>11</u> \$ <u>714.03</u> \$ <u>100⁰⁰</u> <u>11</u> \$ <u>11</u> \$	\$ <u>100⁰⁰</u>	\$ <u>0</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____	Amount Endorsed: \$ _____			
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: _____ _____ _____	4. Type: _____ Code _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: \$ _____	<u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$	\$ _____	<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____	Amount Endorsed: \$ _____			
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: _____ _____ _____	4. Type: _____ Code _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: \$ _____	<u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$	\$ _____	<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____	Amount Endorsed: \$ _____			

Page Subtotal (Outstanding debt)

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

FILED
OCT 24 10 00 AM '03
PAY OFFICE
LINDA
\$ 0

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

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

**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: 5 23 07 to 11 26 07
Mo Day Year Mo Day Year

1. Committee I.D. Number 150304
2. Committee Name
Lori Bollman for Commissioner

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

5. Committee's Mailing Address
500 S. Lincoln St.
Bay City MI 48708-7409
Area Code and Phone (989) 892-3053
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
Lori Bollman
500 S. Lincoln St.
Bay City MI 48708-7409
Area Code & Phone (989) 892-3053

7. Treasurer's Business Address
SAME AS ABOVE
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 School
 Special Caucus
Date of Election, Convention or Caucus
Nov. 6 2007
Month Day Year

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
Effective Date of Dissolution
Month Day Year
By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.
Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. **If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.**

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.
Current Treasurer or Designated Record keeper _____ Date _____
Type or Print Name Signature Mo Day Year
Candidate Lori Bollman, Lori Bollman _____ Date 12/6/07
Type or Print Name Signature Mo Day Year

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 150304
2. Committee Name Lori Bollman for Commissioner

**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>650⁰⁰</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>650⁰⁰</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>650⁰⁰</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>45⁹⁶</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0</u>	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ _____	
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.) \$ _____	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
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.) \$ _____	
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>568⁰⁰</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>650⁰⁰</u>	
	(15.) = \$ <u>1218⁰⁰</u>	
15. SUBTOTAL Add lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>860³⁰</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>357⁷⁰</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150304
2. Committee Name Lori Bollman for Commissioner

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 from committees 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>5/23/07</u> Name: <u>Lori Bollman</u> Address: <u>500 S Lincoln St, Bay City MI 48708-7409</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100 ⁰⁰	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/25/07</u> Name: <u>Ingrid Wojcik</u> Address: <u>811 S. Jackson Bay City MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	50 ⁰⁰	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/16/07</u> Name: <u>BEW-Copa</u> Address: <u>811 Bridge View South Saginaw MI 48604</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	500 ⁰⁰	
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		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	650 ⁰⁰	

Enter this total on line 3 of Summary Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150304
2. Committee Name Leri Bollman for Commissioner

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Apollo Printing</u> Address <u>1712 Cass Ave</u> <u>Bay City MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Flyers for Primary</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/18/07</u>	<u>193.98</u>
Expenditure #2 Name <u>Bay City Democratic Press</u> Address <u>309 9th St.</u> <u>Bay City MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Flyers for General Elect.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/24/07</u>	<u>242.74</u>
Expenditure #3 Name <u>Bay City - City Hall</u> Address <u>301 Washington Ave</u> <u>Bay City MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Registered Vot. list</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/24/07</u>	<u>27.88</u>
Expenditure #4 Name <u>Sam's Club</u> Address <u>5656 Bay Rd</u> <u>Saginaw MI 48604</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Envelopes</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/19/07</u>	<u>12.16</u>
Expenditure #5 Name <u>Staples</u> Address <u>4021 N. Euclid Ave</u> <u>Bay City MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Envelopes & Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/03/07</u>	<u>151.61</u>

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

628.37

Enter this total on line 8a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150304

2. Committee Name Lori Bollman for Commissioner

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Bay City Main Post Office</u> Address <u>1000 Washington Ave</u> <u>Bay City Mi 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/21/07</u> <u>8/03/07</u>	<u>98.68</u> <u>133.25</u>
Expenditure #2 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		
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		
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		
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		

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

231.93

860.30

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

1. Committee I. D. Number 150304
2. Committee Name Lori Bollman for Commissioner

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 Name <u>Lori Bollman</u> Address: <u>500 S. Lincoln St</u> <u>Bay City MI 48708</u> If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Postage Stamps - 100 roll</u> 5. Date Of Receipt: <u>10/8/07</u> 6. Vendor Name & Address: _____ _____	41 ⁰⁰	
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name <u>Lori Bollman</u> Address: <u>500 S. Lincoln St.</u> <u>Bay City MI 48708</u> If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Voter Lists from City Hall</u> 5. Date Of Receipt: <u>Oct 2nd, 8th, 19th, 23rd, 26th</u> <u>31st, 2007 and 11/16/07</u> 6. Vendor Name & Address: _____ _____	4.96	
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name _____ Address: _____ If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: _____ _____		

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

45.96

Enter this total
on line 6 of
Summary
Page



ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

1. Committee ID #: 150304

2. Type of Filing:
 Original
 Amendment to Items: 10 Eff. Date: 11/16/2007

3. Full Name of Committee (must include Candidate's first and last name): Kori Bollman for Commissioner

4a. Candidate Full Name (Last, First, M.I.):
Bollman, Kori

4b. Political Party (if applicable):
N/A

4c. County of Residence: Bay

4d. Office Sought (Check one):

<input type="checkbox"/> Governor	<input type="checkbox"/> Lt. Governor	<input type="checkbox"/> State Senator
<input type="checkbox"/> State Rep.	<input type="checkbox"/> Sec. of State	<input type="checkbox"/> Attorney Gen.
<input type="checkbox"/> State Bd. of Ed.	<input type="checkbox"/> UofM Reg.	<input type="checkbox"/> MSU Trustee
<input type="checkbox"/> WSU Gov.	<input type="checkbox"/> Supreme Court	<input type="checkbox"/> Appeals Court
<input type="checkbox"/> Circuit Court	<input type="checkbox"/> District Court	<input type="checkbox"/> Probate Court
<input type="checkbox"/> Municipal Court		

Local or other please specify: _____

4e. District/Circuit # or Jurisdiction: _____

5. Date Committee was Formed: 5/14/2003

6a. Committee Phone #: 892-3053

6b. Committee Fax #: N/A

6c. Committee E-mail Address: _____

7a. Complete Comm. Mailing Address (May be PO Box): _____

7b. Complete Comm. Street Address (May not be PO Box): _____

8. Treasurer Name and Complete Address:
same as above

Phone #: _____

E-mail Address: _____

9. Designated Record Keeper Name and Complete Address:

Phone #: _____

E-mail Address: _____

10. REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in an election and checks this box, the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold.

11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association)

a. Official Depository
United Bay Community Credit Union
1309 S. Lincoln St.
Bay City, MI 48708

b. Secondary Depository

12. This item applies only to Gubernatorial Candidate Committees: Check if this committee intends to seek qualifying contributions or make qualifying expenditures.

13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not apply to candidates that file with the County Clerk's office.

The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the preceding calendar year OR expects to receive or spend \$20,000 in the current calendar year to file campaign statements electronically. Merts Plus software is provided to you free of charge to assist you in meeting this requirement.

Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.

** OR **

Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily.

14. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date)

Candidate: Kori Bollman 11/19/07

Current Treasurer: Kori Bollman 11/19/07

Designated Record Keeper (Required only if filing electronically): _____



ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

1. Committee ID #: 150304

2. Type of Filing:

Original

Amendment to Items: 7a Eff. Date: 5/23/07

3. Full Name of Committee (must include Candidate's first and last name): Lori Bollman for Commissioner

4a. Candidate Full Name (Last, First, M.I.):

Bollman, Lori L

4b. Political Party (if applicable):

4c. County of Residence:

Bay

4d. Office Sought (Check one):

- | | | |
|---|---|--|
| <input type="checkbox"/> Governor | <input type="checkbox"/> Lt. Governor | <input type="checkbox"/> State Senator |
| <input type="checkbox"/> State Rep. | <input type="checkbox"/> Sec. of State | <input type="checkbox"/> Attorney Gen. |
| <input type="checkbox"/> State Bd. of Ed. | <input type="checkbox"/> UofM Reg. | <input type="checkbox"/> MSU Trustee |
| <input type="checkbox"/> WSU Gov. | <input type="checkbox"/> Supreme Court | <input type="checkbox"/> Appeals Court |
| <input type="checkbox"/> Circuit Court | <input type="checkbox"/> District Court | <input type="checkbox"/> Probate Court |
| <input type="checkbox"/> Municipal Court | | |

Local or other please specify: 4th Ward City Commissioner

4e. District/Circuit # or Jurisdiction:

5. Date Committee was Formed: _____

6a. Committee Phone #: (989) 892-3053

6b. Committee Fax #: _____

6c. Committee E-mail Address:

loribcmi@chartermi.net

7a. Complete Comm. Mailing Address (May be PO Box):

500 S. Lincoln St.
Bay City MI 48708-7409

7b. Complete Comm. Street Address (May not be PO Box):

500 S. Lincoln St.
Bay City MI 48708-7409

8. Treasurer Name and Complete Address:

Lori Bollman
500 S. Lincoln St.
Bay City MI 48708-7409

Phone #: (989) 892-3053

E-mail Address: loribcmi@chartermi.net

9. Designated Record Keeper Name and Complete Address:

Phone #: _____

E-mail Address: _____

10. REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in an election and checks this box, the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold.

11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association)

a. Official Depository

United Bay Community Credit Union
1309 S. Lincoln St.
Bay City MI 48708

b. Secondary Depository

12. This item applies only to Gubernatorial-Candidate Committees: Check if this committee intends to seek qualifying contributions or make qualifying expenditures.

13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not apply to candidates that file with the County Clerk's office.

The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the preceding calendar year OR expects to receive or spend \$20,000 in the current calendar year to file campaign statements electronically. Merts Plus software is provided to you free of charge to assist you in meeting this requirement.

Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.

** OR **

Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily.

14. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date)

Candidate: Lori Bollman 5/23/07

Current Treasurer: Lori Bollman 5/23/07

Designated Record Keeper (Required only if filing electronically):

FILED
MAY 23 2007
BAY CITY
MICHIGAN
BY _____

X



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

<p>1. Committee I.D. Number <u>150304</u></p> <p>2. Committee Name <u>Lori Bollman for Commissioner</u></p>	<p>3. This Statement covers From: <u>5/27/03</u> To: <u>10/19/03</u> Mo Day Year Mo Day Year</p>
<p>5. Committee's Mailing Address <u>500 S. Lincoln St Bay City Mi. 48708</u> Area Code and Phone <u>989-892-3053</u></p> <p>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>4. Candidate Last Name <u>Bollman</u> First Name <u>Lori</u> M.I. <u>L.</u></p> <p>4a. Office Sought Including District # or Community Served (If applicable) <u>4th Ward City Commissioner</u></p> <p>4b. County of Residence <u>Bay</u> Driver License # (Optional)</p>
<p>7. Treasurer's Business Address</p> <p>Area Code and Phone ()</p>	<p>6. Treasurer's Name & Residential Address <u>Lori Bollman 500 S. Lincoln St. Bay City Mi. 48708</u> Area Code & Phone <u>(989) 892-3053</u> Driver License # (Optional)</p> <p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)</p> <p>Area Code and Phone ()</p> <p>Driver License # (Optional)</p>

FILED OCT 24 10 20 AM '03

9. TYPE OF STATEMENT

9a. Pre-Election OR 9b. Post-Election

Pre-Election or Post-Election Statement relates to:

Primary General

Convention School

Special Caucus

Date of Election, Convention or Caucus
11 04 2003
Month Day Year

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
Effective Date of Dissolution
Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper Lori Bollman , Lori Bollman
Type or Print Name Signature Date 10 24 '03
Mo Day Year

Candidate Lori Bollman , Lori Bollman
Type or Print Name Signature Date 10 24 '03
Mo Day Year



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

1. Committee I.D. Number 150304
2. Committee Name Lori Bellman for Commissioner

**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>1,200.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>0</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>1,200.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)			
	(4.) \$	<u>957.68</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>2,157.68</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)			
	(6.) \$	<u>33.00</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)			
	(7.) \$	<u>0</u>	(22.) \$ _____
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>1,023.82</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>1,023.82</u>	(23.) \$ _____
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.) \$ _____
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>2,157.68</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>2,157.68</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>1,023.82</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>1,133.86</u>	

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold. All required schedules must be included with this statement. *If your ending balance is negative, please recheck your math.
CFR Rev 7/1999c-sum Authority granted under P.A. 388 of 1976



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150304
2. Committee Name Lori Bellman for Commissioner

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 from committees 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>9/8/03</u> Name: <u>Michigan Regional Council of Carpenters</u> Address: <u>1300 West Thomas</u> <u>Bay City MI</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	<u>300⁰⁰</u>	<u>300⁰⁰</u>
3. Contribution #2	PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt _____ Name: <u>Iron Workers Local 25 - PAC Fund</u> <u>8/1/03</u> Address: <u>25150 Trans X Dr.</u> <u>9/18/03</u> <u>Novi MI 48736</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	<u>150⁰⁰</u> <u>250⁰⁰</u>	<u>400⁰⁰</u>
3. Contribution # 3	PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>8/1/03</u> Name: <u>IBEW - COPE</u> Address: <u>811 Bridgeview South</u> <u>Saginaw MI 48604</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	<u>500⁰⁰</u>	<u>500⁰⁰</u>
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/14/03</u> Name: <u>Robert Redmond</u> Address: <u>301 N Mountain</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	<u>100⁰⁰</u>	<u>100⁰⁰</u>

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

1200.00
2157.08

Enter this total on
line 3a of
Summary Page



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

CANDIDATE COMMITTEE

1. Committee I.D. Number 150304

2. Committee Name Lori Ballman For Commissioner

Used these forms believing they were appropriate w/ fund raising entry. Advised for the future.

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name: <u>Lorraine Waeler</u> Address: <u>1904 Gaeke Ct. Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	<u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>8⁰⁰</u>
Receipt #2 Name: <u>Richard Waeler</u> Address: <u>1904 Gaeke Ct Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	<u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>8⁰⁰</u>
Receipt #3 Name: <u>Sue Ballman</u> Address: <u>494 N. Knight Rd Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	<u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>8⁰⁰</u>
Receipt #4 Name: <u>Michelle Hoerner</u> Address: <u>2965 Porlas Saginaw MI</u> <input checked="" type="checkbox"/> Fund Raiser	<u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>8⁰⁰</u>
Receipt #5 Name: <u>Rocky Dufresne</u> Address: <u>563 S. Lincoln Rd. Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	<u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>8⁰⁰</u>
Receipt #6 Name: <u>Karen Dufresne</u> Address: <u>563 S. Lincoln St. Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	<u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>8⁰⁰</u>
Receipt #7 Name: <u>Boyd Boettger</u> Address: <u>505 Harold St. Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	<u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>8⁰⁰</u>

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

56⁰⁰

56



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

1. Committee I.D. Number 150304

2. Committee Name Lori Bollman for Commissioner

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name: <u>Mike Studders</u> Address: <u>215 Ames St</u> <u>Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>800</u>
Receipt #2 Name: <u>Frank Hernandez</u> Address: <u>1110 N. Wilson</u> <u>Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>800</u>
Receipt #3 Name: <u>Karrey Neering</u> Address: <u>1110 N. Wilson</u> <u>Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>800</u>
Receipt #4 Name: <u>Tom Ryder</u> Address: <u>5 Pitre Ct.</u> <u>Essexville MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>1600</u>
Receipt #5 Name: <u>Debbie Padilla</u> Address: <u>1509 4th St</u> <u>Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>2800</u>
Receipt #6 Name: <u>Jodie Engelhardt</u> Address: <u>2167 E. Cottage Grove</u> <u>Linwood MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>1100</u>
Receipt #7 Name: <u>Mary Hennessey</u> Address: <u>1010 Pendleton</u> <u>Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>800</u>
Page Subtotal			<u>8700</u>
Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)			

5700



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

1. Committee I.D. Number 150304

2. Committee Name Lori Bollman for Commissioner

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name: <u>Joe Sheeran</u> Address: <u>1206 Wilderness</u> <u>Essexville Mi 48732</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>8.00</u>
Receipt #2 Name: <u>Tom Starkweather</u> Address: <u>1113 McKinley St.</u> <u>Bay City Mi</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>7.00</u>
Receipt #3 Name: <u>Mick Redmond</u> Address: <u>4836 Bonnie Dr.</u> <u>Bay City Mi</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>7.00</u>
Receipt #4 Name: <u>Garnet Boguar</u> Address: <u>2924 Garfield</u> <u>Bay City Mi</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>7.00</u>
Receipt #5 Name: <u>G. Prevost</u> Address: <u>1619 Stanton</u> <u>Bay City Mi</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>7.00</u>
Receipt #6 Name: <u>Delilah Maxwell</u> Address: <u>10205 Jackson</u> <u>Bay City Mi</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>8.00</u>
Receipt #7 Name: <u>John Maxwell</u> Address: <u>1020 S. Jackson</u> <u>Bay City Mi</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>8.00</u>
Page Subtotal			<u>52.00</u>
Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)			



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

1. Committee I.D. Number

150304

2. Committee Name

Lori Bellman for Commissioner

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name: Bill Cutler Address: 1011 Fraser Bay City MI <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	700
Receipt #2 Name: Chris Hennessey Address: 1010 Pendleton Bay City MI <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	800
Receipt #3 Name: Judy Brunner Address: 208 Murphy St. Bay City MI <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	800
Receipt #4 Name: Kim Coonan Address: 706 Sydney St. Bay City MI <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	3200
Receipt #5 Name: Jerry Neering Address: 1119 N. Dean Bay City MI <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	1600
Receipt #6 Name: Gwen Kanicki Address: 7093 Hayward Saginaw MI <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	800
Receipt #7 Name: Mary Bellman Address: 2063 Wheeler Bay City MI <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	1600
Page Subtotal			9500
Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)			

95



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

1. Committee I.D. Number 150304

2. Committee Name Lori Bellman for Commissioner

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name: <u>Mark Kaplanski</u> Address: <u>1906 S. Sheridan</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	<u>800</u>
Receipt #2 Name: <u>Cindy Kaplanski</u> Address: <u>1906 S. Sheridan</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	<u>800</u>
Receipt #3 Name: <u>Nick Kaplanski</u> Address: <u>P.O. Box 2105</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	<u>800</u>
Receipt #4 Name: <u>Gail Kaplanski</u> Address: <u>P.O. Box 2105</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	<u>500</u>
Receipt #5 Name: <u>John Davidson</u> Address: <u>1218 Marsac</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	<u>800</u>
Receipt #6 Name: <u>Denise Davidson</u> Address: <u>1218 Marsac</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	<u>800</u>
Receipt #7 Name: <u>Bay City Elizabeth Davidson</u> Address: <u>1218 Marsac</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	<u>800</u>
Page Subtotal			<u>5600</u>
Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)			

25



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

1. Committee I.D. Number 150304

2. Committee Name Lori Bollman for Commissioner

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name: <u>Victoria Davidson</u> Address: <u>1218 Marsac</u> <u>Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>3⁰⁰</u>
Receipt #2 Name: <u>Ron Laforest</u> Address: <u>1301 W. Jane</u> <u>Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>8⁰⁰</u>
Receipt #3 Name: <u>Marie Kurzer</u> Address: <u>300 S. Linn St</u> <u>Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>37⁶⁰</u>
Receipt #4 Name: <u>Tom Jane</u> Address: <u>617 S. Lincoln St.</u> <u>Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>25⁰⁰</u>
Receipt #5 Name: <u>Dan Bollman</u> Address: <u>709 Litchfield</u> <u>Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>10⁰⁰</u>
Receipt #6 Name: <u>Maureen Bollman</u> Address: <u>709 Litchfield</u> <u>Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>10⁰⁰</u>
Receipt #7 Name: <u>Don Zube</u> Address: <u>2605 2nd.</u> <u>Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>40⁰⁰</u>
Page Subtotal Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)			<u>128⁶⁰</u>

128⁶⁰



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

1. Committee I.D. Number 150304

2. Committee Name Lori Bollman for Commissioner

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name: <u>Bob Katt</u> Address: <u>1307 McLormick St</u> <u>Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>10⁰⁰</u>
Receipt #2 Name: <u>Barb Katt</u> Address: <u>1307 McLormick St</u> <u>Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>10⁰⁰</u>
Receipt #3 Name: <u>Mary Donnelly</u> Address: <u>613 Green St</u> <u>Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>16⁰⁰</u>
Receipt #4 Name: <u>Roland Kaiser</u> Address: <u>589 Barter Rd</u> <u>Midland MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>8⁰⁰</u>
Receipt #5 Name: <u>Art & Nancy Pominville</u> Address: <u>912-4 N Salem</u> <u>Essexville MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>30⁰⁰</u>
Receipt #6 Name: <u>Jerry Moore</u> Address: <u>1307 East</u> <u>Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>8⁰⁰</u>
Receipt #7 Name: <u>Carolyn Moore</u> Address: <u>1307 East</u> <u>Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>8⁰⁰</u>
Page Subtotal			<u>90⁰⁰</u>
Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)			

90⁰⁰



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

1. Committee I.D. Number 150304

2. Committee Name Lori Bollman For Commissioner

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name: <u>Eileen Glaza</u> Address: <u>504 S. Lincoln St.</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	<u>800</u>
Receipt #2 Name: <u>Jason Brzezinski</u> Address: <u>2413 25th</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	<u>800</u>
Receipt #3 Name: <u>Dick Gonyea</u> Address: <u>1400 E. Beaver Rd</u> <u>Kawkawia MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	<u>800</u>
Receipt #4 Name: <u>Harold Kaiser</u> Address: <u>3229-G Huntington Woods S.E.</u> <u>Kentwood MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	<u>800</u>
Receipt #5 Name: <u>Darrell Maciag</u> Address: <u>887 Knodt</u> <u>Essexville MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	<u>800</u>
Receipt #6 Name: <u>Donna Maciag</u> Address: <u>887 Knodt</u> <u>Essexville MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	<u>800</u>
Receipt #7 Name: <u>Dan Letherer</u> Address: <u>709 Polk St.</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	<u>1600</u>
Page Subtotal			<u>6400</u>
Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)			

6400



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

1. Committee I.D. Number 150304

2. Committee Name Lori Bollman for Commissioner

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name: <u>Karen Couture</u> Address: <u>1902 16th St</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input checked="" type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>800</u>
Receipt #2 Name: <u>Alfred Couture</u> Address: <u>1902 16th St</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>800</u>
Receipt #3 Name: <u>M.J. Corney</u> Address: <u>2809 Fitzhugh</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>800</u>
Receipt #4 Name: <u>Tom Corney</u> Address: <u>2809 Fitzhugh</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>800</u>
Receipt #5 Name: <u>Richard Manor</u> Address: <u>609 Sidney St</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>800</u>
Receipt #6 Name: <u>Mary Whyte - Manor</u> Address: <u>609 Sidney St</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>800</u>
Receipt #7 Name: <u>Jack Layle</u> Address: <u>5285 Fairway</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>800</u>
Page Subtotal Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)			<u>5600</u>



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

1. Committee I.D. Number 150304

2. Committee Name Lori Ballman for Commissioner

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name: <u>Ingrid Wojcik</u> Address: <u>811 S. Jackson</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	<u>22⁰⁰</u>
Receipt #2 Name: <u>Mike Rybak</u> Address: <u>2437 22nd</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	<u>8⁰⁰</u>
Receipt #3 Name: <u>Sara Rybak</u> Address: <u>2437 22nd</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	<u>8⁰⁰</u>
Receipt #4 Name: <u>Mike Rybak Sr</u> Address: <u>Mulholland</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	<u>8⁰⁰</u>
Receipt #5 Name: <u>Chris Rybak</u> Address: <u>Mulholland</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	<u>8⁰⁰</u>
Receipt #6 Name: <u>Elaine Keyser</u> Address: <u>405 S. Dean St.</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	<u>8⁰⁰</u>
Receipt #7 Name: <u>Don Haffelbower</u> Address: <u>415 Park. Av.</u> <u>Bay City MI</u>	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	<u>16⁰⁰</u>
Page Subtotal			<u>78⁰⁰</u>
Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)			

78⁰⁰



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

1. Committee I.D. Number 150304

2. Committee Name Lori Bellman for Commissioner

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name: <u>John Rozzatycki</u> Address: <u>200 13th St.</u> <u>Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>16.00</u>
Receipt #2 Name: <u>Roselin McDougald</u> Address: <u>3443 Northway Ct. 2</u> <u>Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>8.00</u>
Receipt #3 Name: <u>Les Roseberry</u> Address: <u>393 E. Kawkawin River Dr.</u> <u>Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>8.00</u>
Receipt #4 Name: <u>Bill Powell</u> Address: <u>5277 Crestway</u> <u>Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>8.00</u>
Receipt #5 Name: <u>Rick Brzezinski</u> Address: <u>3413 25th St</u> <u>Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>8.00</u>
Receipt #6 Name: <u>Ken Wiechec</u> Address: <u>404 Ring St.</u> <u>Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>8.00</u>
Receipt #7 Name: <u>Brigid Wiechec</u> Address: <u>404 Ring St.</u> <u>Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>8.00</u>
Page Subtotal Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)			<u>64.00</u>

64.00



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

1. Committee I.D. Number 150304

2. Committee Name Lori Bollman for Commissioner

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name: <u>Sean Wiechee</u> Address: <u>404 King St. Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>3⁰⁰</u>
Receipt #2 Name: <u>Shoriff Miller</u> Address: <u>3609 N. Euclid Ave Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>16⁰⁰</u>
Receipt #3 Name: <u>Hubert Gorney</u> Address: <u>490 Hale Dr Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>15⁰⁰</u>
Receipt #4 Name: <u>Jeanette Neitzel</u> Address: <u>1204 S. Farragut St. Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Date of Receipt <u>10/16/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>8⁰⁰</u>
Receipt #5 Name: <u>Robert Redmond</u> Address: <u>201 N. Mountain Bay City MI</u> <input type="checkbox"/> Fund Raiser	Date of Receipt <u>10/17/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Other (Specify) <u>Direct Donation</u>	<u>20⁰⁰</u>
Receipt #6 Name: <u>Lori Bollman</u> Address: <u>500 S. Lincoln St. Bay City MI</u> <input type="checkbox"/> Fund Raiser	Date of Receipt <u>10/17/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Other (Specify) <u>Direct Donation</u>	<u>20⁰⁰</u>
Receipt #7 Name: <u>GFS Market Place</u> Address: <u>3730 Wilder Rd. Bay City MI</u> <input type="checkbox"/> Fund Raiser	Date of Receipt <u>10/17/03</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>49.68</u>
Page Subtotal			<u>131.68</u>
Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)			<u>957.68</u>

Enter this total on line 4 of Summary Page

131.68



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

1. Committee I. D. Number 150304
2. Committee Name Levi Bellman for Commissioner

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 Name <u>Brigid Wiechec</u> Address: <u>404 King St. Bay City MI</u> If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Cupcakes for Fundraiser</u> 5. Date Of Receipt: <u>10/16/03</u> 6. Vendor Name & Address: <u>Homemade</u>	15.00	
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name <u>Brenda Wiechec</u> Address: <u>1704 Garfield Auburn MI</u> If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>2 Desserts for fundraiser</u> 5. Date Of Receipt: <u>10/16/03</u> 6. Vendor Name & Address: <u>Homemade</u>	10.00	
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name <u>Karen Duboisne</u> Address: <u>563 S Lincoln Rd Bay City MI</u> If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Dessert for Fundraiser</u> 5. Date Of Receipt: <u>10/16/03</u> 6. Vendor Name & Address: <u>Home made</u>	8.00	

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

33.00

Enter this total on line 6 of Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150304
2. Committee Name Law Bellman for Commissioner

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Limited Bay City Credit Union</u> Address <u>1309 N. Lincoln St.</u> <u>Bay City MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Checking Account</u> <u>- Bay of Checks</u> Expenditure Code <u>BK</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/27/03</u>	<u>8.42</u>
Expenditure #2 Name <u>U.S. Postal Service</u> Address <u>Washington Ave.</u> <u>Bay City MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage Stamps</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/14/03</u> <u>7/19/03</u> <u>8/1/03</u> <u>9/15/03</u> <u>10/8/03</u>	<u>37.00</u> <u>37.00</u> <u>74.00</u> <u>74.00</u> <u>83.00</u>
Expenditure #3 Name <u>Staples</u> Address <u>4621 N. Euclid Ave.</u> <u>Bay City MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Office Supplies</u> Expenditure Code <u>OE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/1/03</u> <u>10/8/03</u>	<u>11.05</u> <u>43.45</u>
Expenditure #4 Name <u>Sam's Club</u> Address <u>5417 Bay Rd</u> <u>Saginaw MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Printer Ink</u> Expenditure Code <u>OE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/16/03</u> <u>10/7/03</u>	<u>36.96</u> <u>36.96</u>
Expenditure #5 Name <u>Bay City Democratic Press</u> Address <u>P.O. Box 278</u> <u>309 Ninth St</u> <u>Bay City MI</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser Tickets</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/3/03</u>	<u>59.36</u>

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

501.80

Enter this total
on line 8a of
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150304
2. Committee Name Lori Bollman for Commissioner

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Meijer</u> Address <u>595 North Pine Rd</u> <u>Bay City Mi</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser - Pop</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/14/03</u>	<u>31.22</u>
Expenditure #2 Name <u>GFS Market place</u> Address <u>3730 Wilder Rd</u> <u>Bay City Mi</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser - Food and Paper Products</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/14/03</u> <u>10/14/03</u>	<u>156.02</u> <u>28.82</u>
Expenditure #3 Name <u>Robert Redmond</u> Address <u>301 N. Mountain</u> <u>Bay City Mi 48706</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser - Food</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/17/03</u>	<u>137.96</u>
Expenditure #4 Name <u>P.L.A.V.</u> Address <u>801 S. Farragut St.</u> <u>Bay City Mi</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser - Beer</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/17/03</u>	<u>28.00</u>
Expenditure #5 Name <u>Bob Katt for Mayor</u> Address <u>1307 McCormick</u> <u>Bay City Mi</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Candidate Fundraiser</u> Expenditure Code <u>TC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/3/03</u>	<u>8.00</u>

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

390.02

Enter this total on line 8a of Summary Page

pg 2 of 3



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150304
2. Committee Name Lori Ballman for Commissioner

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>John Davidson for Commissioner</u> Address <u>1318 Marsac Bay City MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Candidate Fundraiser</u> Expenditure Code <u>TC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/17/03</u>	<u>32.00</u>
Expenditure #2 Name <u>Robert Redmond</u> Address <u>301 N. Mountain Bay City MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Loan Repayment</u> Expenditure Code <u>LO</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/19/03</u>	<u>100.00</u>
Expenditure #3 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

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

132.00
1023.82

Enter subtotal on line 8a of Summary Page

Page 3 of 3



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150304
2. Committee Name Lori Bollman for Commissioner

- USE A SEPARATE SHEET FOR EACH EVENT -

<p>3. Date Event Was Held</p> <p><u>10</u> / <u>16</u> / <u>03</u> Month Day Year</p>	<p>4. Number of Individuals Attending or Participating (whichever is greater)</p> <p><u>110</u></p>	<p>5. Type of Fund Raising Activity</p> <p><u>Spaghetti Dinner</u></p>	<p>6. Address and Name (if any) of the place where the activity was held P.L.A.U.</p> <p><u>801 S. Farragut St</u> <u>Bay City MI</u></p> <p><input type="checkbox"/> Private Residence</p>
---	---	--	---

7. Total Contributions of \$20.00 or less 868⁰⁰

8. Total Contributions of \$20.01 or more _____

9. SUBTOTAL (Add lines 7 and 8) 868⁰⁰

10. Other Receipts _____

11. Gross Receipts (Add lines 9 and 10) _____

12. Total Cost of Event* 363.00

FILED - OCT 24 11 30 AM '03
 BY _____
 CLERK
 BAY COUNTY
 LINDA J. [unclear]

*Includes In-Kind Contributions and All Expenditures Made For the Event

13. 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.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 150304
2. Committee Name Lori Bollman for Commissioner

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 (Indicate type and you may assign an expenditure code) 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>Robert Redmond</u> <u>201 N. Mountain</u> <u>Bay City Mi. 48706</u>	4. Type: <u>Loan</u> Code <u>LN</u> 5. <u>Date Debt Was Incurred:</u> <u>7/14/03</u> 6. <u>Original Amount of Debt:</u> \$ <u>100⁰⁰</u>	<u>11</u> \$ <u>11</u> \$ <u>7/14/03</u> \$ <u>100⁰⁰</u> <u>11</u> \$ <u>11</u> \$	<u>100⁰⁰</u> \$	<u>0</u> \$ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ Code _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> _____ \$ _____	<u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$	\$ _____ BY _____ DAY _____ LINDA _____ OCT 24 10 00 AM '03	<u>100.00</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:	4. Type: _____ Code _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> _____ \$ _____	<u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$	\$ _____ BY _____ DAY _____ LINDA _____ OCT 24 10 00 AM '03	<u>100.00</u> \$ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) _____
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee) 0

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

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.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



STATEMENT OF ORGANIZATION
FOR CANDIDATE COMMITTEES

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

FOR OFFICIAL USE ONLY

1. Committee Identification No. <u>150304</u>	
2. Type of Filing a. <input type="checkbox"/> Original OR b. <input checked="" type="checkbox"/> Amendment to Item(s)# <u>10</u> c. Date Change(s) Took Place <u>10/31/03</u>	
3. Full Name Of Committee <u>Lori Bollman for Commissioner</u>	
4. Candidate Last Name <u>Bollman</u> First Name <u>Lori</u> M.I. <u>L.</u>	
4a. County of Residence <u>Bay</u> 4b. Political Party (If applicable) <u>N/A</u>	
4c. Driver License # (Optional)	
4d. Office Sought: (Check one)	
<input type="checkbox"/> Governor <input type="checkbox"/> Lt. Governor <input type="checkbox"/> State Senator <input type="checkbox"/> State Representative <input type="checkbox"/> Secretary of State <input type="checkbox"/> State Board of Education <input type="checkbox"/> Bd of Regents UM <input type="checkbox"/> Bd of Trustees MSU <input type="checkbox"/> Bd of Gov WSU <input type="checkbox"/> Attorney General <input type="checkbox"/> Court of Appeals <input type="checkbox"/> District Court <input type="checkbox"/> Probate Court <input type="checkbox"/> Detroit Recorders Court <input type="checkbox"/> Supreme Court Justice <input type="checkbox"/> Circuit Court <input checked="" type="checkbox"/> Local or Other (Please Specify) <u>City Commissioner</u> 4e. District # or Jurisdiction <u>4th Ward</u>	
5. Date Committee Was Formed <u>5/14/03</u> (Mo/Day/Yr)	6. Committee Area Code and Phone Number <u>989-892-3053</u>
7. Committee Mailing Address (May be P. O. Box) Include Zip Code <u>500 S. Lincoln St. Bay City MI 48708</u>	7a. Committee Street Address (May <u>not</u> be P. O. Box)
8. <u>Treasurer</u> . Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.) <u>Lori L. Bollman 500 S. Lincoln St. Bay City MI 48708</u> Area Code and Phone <u>989-892-3053</u> Driver License # (Optional)	9. <u>Designated Recordkeeper</u> . Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank. <u>[Signature]</u> Area Code and Phone <u>989-892-3053</u> Drive, License # (Optional)
10. <input checked="" type="checkbox"/> REPORTING WAIVER. The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement cannot be waived.	
11. Names and Addresses of depositories or intended depositories of committee funds. 11a. Official Depository: 11b. Secondary Depository:	12. This item applies only to a Gubernatorial Candidate Committee. <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.
13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.	
Current Treasurer <u>Lori Bollman</u> , <u>[Signature]</u> Type or Print Name Signature	Date <u>10/31/03</u> Mo. Day Year
Candidate <u>Lori Bollman</u> , <u>[Signature]</u> Type or Print Name Signature	Date <u>10/31/03</u> Mo. Day Year



STATEMENT OF ORGANIZATION
FOR CANDIDATE COMMITTEES

FILED-CO. CLERK

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1. Committee Identification No. <u>150304</u>		OCT 24 9 50 AM '03
2. Type of Filing a. <input type="checkbox"/> Original OR b. <input checked="" type="checkbox"/> Amendment to Item(s)# <u>10</u>		c. Date Change(s) Took Place <u>9/18/03</u>
3. Full Name Of Committee <u>Lori Bollman for Commissioner</u>		BY <u>[Signature]</u>
4. Candidate Last Name <u>Bollman</u>	First Name <u>Lori</u>	M.I. <u>L</u>
4a. County of Residence <u>BAY</u>	4b. Political Party (if applicable) <u>NA</u>	
4c. Driver License # (Optional) <u>NA</u>		
4d. Office Sought: (Check one)		
<input type="checkbox"/> Governor <input type="checkbox"/> Lt. Governor <input type="checkbox"/> State Senator <input type="checkbox"/> State Representative <input type="checkbox"/> Secretary of State <input type="checkbox"/> State Board of Education <input type="checkbox"/> Bd of Regents UM <input type="checkbox"/> Bd of Trustees MSU <input type="checkbox"/> Bd of Gov WSU <input type="checkbox"/> Attorney General <input type="checkbox"/> Court of Appeals <input type="checkbox"/> District Court <input type="checkbox"/> Probate Court <input type="checkbox"/> Detroit Recorders Court <input type="checkbox"/> Supreme Court Justice <input type="checkbox"/> Circuit Court		
<input checked="" type="checkbox"/> Local or Other (Please Specify) <u>City Commissioner</u>		4e. District # or Jurisdiction <u>4th ward</u>
5. Date Committee Was Formed <u>5/14/03</u> (Mo/Day/Yr)		6. Committee Area Code and Phone Number <u>989-892-3053</u>
7. Committee Mailing Address (May be P. O. Box) Include Zip Code <u>500 S. Lincoln St Bay City MI 48708</u>		7a. Committee Street Address (May <u>not</u> be P. O. Box)
8. <u>Treasurer</u> . Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.) <u>Lori L. Bollman 500 S. Lincoln St Bay City MI 48708</u> Area Code and Phone <u>989 892 3053</u> Driver License # (Optional)		9. <u>Designated Recordkeeper</u> . Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank. Area Code and Phone Drive. License # (Optional)
10. <input type="checkbox"/> REPORTING WAIVER . The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions; expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement cannot be waived.		
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13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.		
Current Treasurer <u>Lori Bollman</u> Type or Print Name	<u>Lori Bollman</u> Signature	Date <u>10 / 24 / 03</u> Mo. Day Year
Candidate <u>Lori Bollman</u> Type or Print Name	<u>Lori Bollman</u> Signature	Date <u>10 / 24 / 03</u> Mo. Day Year



STATEMENT OF ORGANIZATION
FOR CANDIDATE COMMITTEES

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2. Type of Filing a. <input type="checkbox"/> Original OR b. <input checked="" type="checkbox"/> Amendment to Item(s)# <u>10</u> c. Date Change(s) Took Place <u>7/14/03</u>	
3. Full Name Of Committee <u>Lori Bollman for Commissioner</u>	
4. Candidate Last Name <u>Bollman</u> First Name <u>Lori</u> M.I. <u>L.</u>	
4a. County of Residence <u>Bay</u> 4b. Political Party (If applicable) <u>N/A</u>	
4c. Driver License # (Optional) _____	
4d. Office Sought: (Check one)	
<input type="checkbox"/> Governor <input type="checkbox"/> Lt. Governor <input type="checkbox"/> State Senator <input type="checkbox"/> State Representative <input type="checkbox"/> Secretary of State <input type="checkbox"/> State Board of Education <input type="checkbox"/> Bd of Regents UM <input type="checkbox"/> Bd of Trustees MSU <input type="checkbox"/> Bd of Gov WSU <input type="checkbox"/> Attorney General <input type="checkbox"/> Court of Appeals <input type="checkbox"/> District Court <input type="checkbox"/> Probate Court <input type="checkbox"/> Detroit Recorders Court <input type="checkbox"/> Supreme Court Justice <input type="checkbox"/> Circuit Court <input type="checkbox"/> Local or Other (Please Specify) _____ 4e. District # or Jurisdiction _____	
5. Date Committee Was Formed (Mo/Day/Yr)	6. Committee Area Code and Phone Number
7. Committee Mailing Address (May be P. O. Box) Include Zip Code	7a. Committee Street Address (May <u>not</u> be P. O. Box)
8. <u>Treasurer</u> . Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.)	9. <u>Designated Recordkeeper</u> . Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank.
Area Code and Phone Driver License # (Optional)	Area Code and Phone Drive. License # (Optional)
10. <input checked="" type="checkbox"/> REPORTING WAIVER The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement cannot be waived.	
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13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.	
Current Treasurer <u>Lori Bollman</u> Type or Print Name	<u>Lori Bollman</u> Signature
Candidate <u>Lori Bollman</u> Type or Print Name	<u>Lori Bollman</u> Signature
Date <u>7 / 14 / 03</u>	Date <u>7 / 14 / 03</u>
Mo. Day Year	Mo. Day Year

COUNTY CLERK
 JUDICIAL DEPARTMENT
 11/13/03

STATEMENT OF ORGANIZATION
FOR CANDIDATE COMMITTEES

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1. Committee Identification No. 150304

2. Type of Filing a. Original OR b. Amendment to Item(s)# c. Date Change(s) Took Place / /

3. Full Name Of Committee Lori Bollman for Commissioner

4. Candidate Last Name Bollman First Name Lori M.I. L.

4a. County of Residence BAY 4b. Political Party (If applicable) NA

4c. Driver License # (Optional) NA
4d. Office Sought: (Check one)

- Governor Lt. Governor State Senator State Representative Secretary of State State Board of Education
- Bd of Regents UM Bd of Trustees MSU Bd of Gov WSU Attorney General Court of Appeals
- District Court Probate Court Detroit Recorders Court Supreme Court Justice Circuit Court

Local or Other (Please Specify) CITY COMMISSIDNER 4e. District # or Jurisdiction 4th WARD

5. Date Committee Was Formed 5-14-03 (Mo/Day/Yr)

6. Committee Area Code and Phone Number (989) 892-3053

7. Committee Mailing Address (May be P. O. Box) Include Zip Code
500 S. LINCOLN ST.
BAY CITY, MI 48708

7a. Committee Street Address (May not be P. O. Box)
500 S. LINCOLN ST.
BAY CITY, MI 48708

8. Treasurer. Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.)
Lori L. Bollman
500 S. LINCOLN ST.
BAY CITY, MI 48708
Area Code and Phone (989) 892-3053 Driver License # (Optional) ---

9. Designated Recordkeeper. Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank.
NA
Area Code and Phone --- Drive License # (Optional) ---

10. **REPORTING WAIVER** The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement cannot be waived.

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NA

12. This item applies only to a Gubernatorial Candidate Committee.
NA
 Check if this committee intends to seek qualifying contributions for public funding.

13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.

Current Treasurer Lori L. Bollman Signature Lori L. Bollman Date 5-14-03
Type or Print Name Signature Mo. Day Year

Candidate Lori L. Bollman Signature Lori L. Bollman Date 5-14-03
Type or Print Name Signature Mo. Day Year