



**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: 11/25/08 to 12/31/09

4. Candidate Last Name: ELDER First Name: BRIAN M.I.: K

4a. Office Sought Including District # or Community Served (if applicable): 7TH DISTRICT COUNTY COMMISSIONER

4b. County of Residence: BAY

6. Treasurer's Name & Residential Address:
SALLY J GRAY
5009 FRASER RD
BY CITY MI 48706

Area Code & Phone: (989) 667-0423

8. Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper):
N/A

Area Code and Phone: _____

1. Committee I.D. Number: 150254

2. Committee Name: FRIENDS OF BRIAN ELDER

5. Committee's Mailing Address:
915 FIFTH STREET
BAY CITY MI 48708

Area Code and Phone: (989) 895-6151

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.

7. Treasurer's Business Address:
5009 FRASER RD
BAY CITY MI 48706

Area Code and Phone: (989) 667-0423

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: _____

9c. Annual Statement (2009 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: _____

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: Sally J. Gray Signature: [Signature] Date: 1-27-10

Candidate: Brian K. Elder Signature: [Signature] Date: 2/1/10

X



1. Committee I.D. Number 150254

2. Committee Name FRIENDS OF BRIAN ELDER

**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>5,080.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$5,080.00</u>	(18.) \$ <u>\$5,080.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$5,080.00</u>	(20.) \$ <u>\$5,080.00</u>

IN-KIND CONTRIBUTIONS & EXPENDITURES

6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$0.00</u>	(21.) \$ <u>\$0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>\$0.00</u>

EXPENDITURES

8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$10,267.33</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$10,267.33</u>	(23.) \$ <u>\$10,267.33</u>

INCIDENTAL EXPENSE DISBURSEMENTS
(Officeholders Only)

10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>\$0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>\$0.00</u>	(24.) \$ <u>\$0.00</u>

DEBTS AND OBLIGATIONS

12. Debts and Obligations	
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$3,350.00</u>
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>\$0.00</u>

BALANCE STATEMENT

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$5,236.45</u>
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$5,080.00</u>
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$10,316.45</u>
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$10,267.33</u>
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$49.12</u>



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150254

2. Committee Name FRIENDS OF BRIAN ELDER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

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

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/10/09

Name & Address:
GIBSON, BENTON
3087 OLD KAWKAWLIN RD
BAY CITY MI 48706

\$ 100.00

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/19/09

Name & Address:
ELDER, ALVIN
271 W LONG LAKE RD
HARRISON MI 48625

\$ 100.00

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 02/28/09

Name & Address:
JANISKE, MICHAEL
5647 FIRETHORNE DR
BAY CITY MI 48706

\$ 35.00

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 02/10/09

Name & Address:
TIGHE, KAREN
2123 CENTER AVE
BAY CITY MI 48708

\$ 40.00

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal \$275.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150254

2. Committee Name FRIENDS OF BRIAN ELDER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

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

3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 02/15/09
Name & Address:
GILL, DAVID L
306 W VERMONT
BAY CITY MI 48706

\$ 40.00

\$ _____

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/15/09
Name & Address:
LEWIS, JAMES C
7292 SPRING LASKE TRAIL
SAGINAW MI 48603

\$ 20.00

\$ _____

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 02/17/09
Name & Address:
MEETH, RICHARD R
2211 MC KINLEY AVE
BAY CITY MI 48706

\$ 20.00

\$ _____

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 02/14/09
Name & Address:
SHEERAN, JOSEPH K
1206 WILDERNESS CT
ESSEXVILLE MI 48732

\$ 40.00

\$ _____

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal \$120.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150254

2. Committee Name FRIENDS OF BRIAN ELDER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

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

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/17/09

Name & Address:
FLANNERY, JAMES F
707 S HAMPTON ST
BAY CITY MI 48708

\$ 20.00

\$ _____

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/20/09

Name & Address:
MC QUILLAN, JOHN J
5752 DECKERVILLE RD
FAIRGROVE MI 48733

\$ 100.00

\$ _____

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 02/09/09

Name & Address:
KRYGIER, ERNEST
785 ALPIN
BAY CITY MI 48706

\$ 40.00

\$ _____

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/08/09

Name & Address:
HALSTEAD, MICHAEL F
2157 6TH ST
BAY CITY MI 48708

\$ 20.00

\$ _____

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal \$180.00

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

Enter this total on
line 3a of Summary
Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 150254

2. Committee Name FRIENDS OF BRIAN ELDER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

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

3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 02/24/09

Name & Address:
RUSSELL, DEBRA
1574 ST MARY'S CT
ESSEXVILLE MI 48732

\$ 20.00

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/01/09

Name & Address:
COZAD, DAVID
2037 BRIAR
BAY CITY MI 48706

\$ 30.00

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #3 PAC Receipt? YES 4. Date of Receipt _____

Name & Address:

\$ _____

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 02/16/09

Name & Address:
GILL, DAVID
306 W VERMONT
BAY CITY MI 48706

\$ 20.00

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal **\$70.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150254

2. Committee Name FRIENDS OF BRIAN ELDER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

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

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/15/09

Name & Address:
NORMAN, LEONARD J
3395 NORTHWAY DR
BAY CITY MI 48706

\$ 35.00

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/10/09

Name & Address:
KINSELLA, MICHAEL R
705 GERMANIA ST
BAY CITY MI 48706

\$ 50.00

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 02/09/09

Name & Address:
GILL, HARRY P
3030 RIVERVIEW DR
BAY CITY MI 48706

\$ 50.00

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 02/28/09

Name & Address:
NOBLE, DONALD R
222 LAGOON BEACH DR
BAY CITY MI 48706

\$ 50.00

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal \$185.00

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

Enter this total on
line 3a of Summary
Page:



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150254

2. Committee Name FRIENDS OF BRIAN ELDER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: REDMOND, ROBERT J 201 N MOUNTAIN ST BAY CITY MI 48706	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/05/09</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 Name & Address: PHILLIPS, GARY W 1003 FIFTH ST BAY CITY MI 48708	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/03/09</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: ZANOT, GRAIG A 547 S LINWOOD BEACH RD LINWOOD MI 48634	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/01/09</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: MONASTIERE, DOMINIC 4659 NICOLET PL BAY CITY MI 48706	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/20/09</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal \$220.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 150254

2. Committee Name FRIENDS OF BRIAN ELDER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

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

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 02/18/09

Name & Address:
POMINVILLE, HENRY A
9124 N SALEM DR
BAY CITY MI 48708

\$ 20.00

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 02/26/09

Name & Address:
BERGER, DENNA
2235 CARROLL DR
BAY CITY MI 48706

\$ 50.00

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

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

Name & Address:
KONKLE, JOHN A
1112 32ND ST
BAY CITY MI 48708

\$ 50.00

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 03/01/09

Name & Address:
PERKINS, M JANE
1106 HARBOR COVE
BAY CITY MI 48706

\$ 20.00

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal \$140.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150254
2. Committee Name FRIENDS OF BRIAN ELDER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/02/09</u> Name & Address: HOLLISTER, F 1504 HELEN ST BAY CITY MI 48708 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ _____ Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/02/09</u> Name & Address: IRWIN, MITCHELL PO BOX 4282 LANSING MI 48826 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ _____ Click Here for Memo Itemization
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/01/09</u> Name & Address: FABIANO, JAMES C 1219 N MISSION MT PLEASANT MI 48858 5. If over \$100.00 cumulative, please provide: Occupation <u>WHOLESALE BEVERAGE DISTRIBUTOR</u> Employer <u>SELF</u> Business Address <u>1219 N MISSION ST, MT PLEASANT, MI 48858</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>300.00</u>	\$ _____ Click Here for Memo Itemization
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/13/09</u> Name & Address: REDMOND, BRIAN M 11 BAY SHORE DR BAY CITY MI 48706 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ _____ Click Here for Memo Itemization

Page Subtotal \$390.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150254
2. Committee Name FRIENDS OF BRIAN ELDER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>02/25/09</u> Name & Address: PLUMBERS AND STEAMFITTERS 85 PAC 6705 WEISS SAGINAW MI 48601 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>80.00</u>	_____ Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/11/09</u> Name & Address: DORE, ART PO BOX 146 BAY CITY MI 48707 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>40.00</u>	_____ Click Here for Memo Itemization
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/24/09</u> Name & Address: STARKWEATHER, THOMAS L 1113 MS KINLEY AVE BAY CITY MI 48708 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	_____ Click Here for Memo Itemization
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/11/09</u> Name & Address: LOUGH, JOHN S 1600 E N UNION RD BAY CITY MI 48706 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>25.00</u>	_____ Click Here for Memo Itemization

Page Subtotal \$195.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 150254
2. Committee Name FRIENDS OF BRIAN ELDER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/10/09</u> Name & Address: COONAN, KIM J 706 SIDNEY ST BAY CITY MI 48706 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ _____ Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/06/09</u> Name & Address: BOUTELL, TIM D 855 S LINWOOD BEACH RD LINWOOD MI 48634 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ _____ Click Here for Memo Itemization
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/09</u> Name & Address: BAMBERGER, NORMAN 935 KENNELY RD UNIT H118 SAGINAW MI 48609 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ _____ Click Here for Memo Itemization
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/11/09</u> Name & Address: FITZHUGH, M P 3077 OAKWOOD CT BAY CITY MI 48708 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ _____ Click Here for Memo Itemization

Page Subtotal \$190.00

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

Enter this total on line 3a of Summary Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150254
2. Committee Name FRIENDS OF BRIAN ELDER

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>a</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/05/09</u>	
Name & Address: HALSTEAD, MICHAEL F 2157 6TH ST BAY CITY MI 48708		\$ <u>20.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/05/09</u>	
Name & Address: BRZEZINSKI, RICHARD F 2413 25TH ST BAY CITY MI 48708		\$ <u>20.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/05/09</u>	
Name & Address: STAPISH, KEVIN W 14 W SHARLEAR ESSEXVILLE MI 48732		\$ <u>20.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/05/09</u>	
Name & Address: SOMALSKI, JEROME S 1147 N PINE RD ESSEXVILLE MI 48732		\$ <u>20.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **\$80.00**
Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150254
2. Committee Name FRIENDS OF BRIAN ELDER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/09</u> Name & Address: MINER, JAN A 304 W HAMPTON RD ESSEXVILLE MI 48732 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ _____ Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/09</u> Name & Address: BOETTGER, BOYD 505 HAROLD ST BAY CITY MI 48706 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ _____ Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/04/09</u> Name & Address: QUINN, FRANK M 4110 CREEKWOOD BAY CITY MI 48706 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ _____ Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/09</u> Name & Address: DONNELLY, MARY 613 GREEN AVE BAY CITY MI 48708 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ _____ Click Here for Memo Itemization

Page Subtotal \$80.00

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

\$80.00

Enter this total on line 3a of Summary Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150254
2. Committee Name FRIENDS OF BRIAN ELDER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/05/09</u>	
Name & Address: LIPINSKI, CRISTEN M 711 MCDONELL ESSEXVILLE MI 48732		\$ <u>20.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/05/09</u>	
Name & Address: ROUPE, VICTORIA L 3115 KIRKWOOD PL BA CITY MI 48706		\$ <u>20.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/03/09</u>	
Name & Address: MILLER, JOHN 3064 BEAVER RD BAY CITY MI 48706		\$ <u>35.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/05/09</u>	
Name & Address: PABALIS, RICHARD 5431 CHRISTINA RD BAY CITY MI 48706		\$ <u>35.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$110.00

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

Enter this total on
line 3a of Summary
Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150254
2. Committee Name FRIENDS OF BRIAN ELDER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/09</u> Name & Address: DRYZGA, FREDERICK L 110 BOEHRINGR CT BAY CITY MI 48708 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>35.00</u>	Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/09</u> Name & Address: GALLOWAY, M LYNN 311 MEADOW DR ESSEXVILLE MI 48732 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>35.00</u>	Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/09</u> Name & Address: TRASK, MAGEN 1910 33RD ST BAY CITY MI 48708 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>35.00</u>	Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/09</u> Name & Address: HAYES, M A 114 N SHERIDAN ST BAY CITY MI 48706 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>40.00</u>	Click Here for Memo Itemization

Page Subtotal \$145.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150254
2. Committee Name FRIENDS OF BRIAN ELDER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/05/09</u>	
Name & Address: RAPSON, BARBARA A 1100 5TH ST BAY CITY MI 48708		\$ <u>40.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/05/09</u>	
Name & Address: WETTERS, HOWARD 1866 WETTERS RD KAWKAWLIN MI 48631		\$ <u>50.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/05/09</u>	
Name & Address: TILLEY, BRANDEAN F 617 GREEN AVE BAY CITY MI 48708		\$ <u>50.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/05/09</u>	
Name & Address: GIRARD, CHRISTOPHER 819 MICHIGAN AVE BAY CITY MI 48708		\$ <u>50.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$190.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150254
2. Committee Name FRIENDS OF BRIAN ELDER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/09</u> Name & Address: GRUBER, MICHAEL E 108 BOEHRINGER CT BAY CITY MI 48708 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ _____ Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/09</u> Name & Address: DEJOHN, JOHN 300 PARK AVE BAY CITY MI 48708 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ _____ Click Here for Memo Itemization
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/09</u> Name & Address: COLOPY, GARY 606 N MC LELLAN BAY CITY MI 48708 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ _____ Click Here for Memo Itemization
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/04/09</u> Name & Address: MAYES, JEFFREY C 4297 ZANDER BAY CITY MI 48706 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ _____ Click Here for Memo Itemization

Page Subtotal \$200.00

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

Enter this total on
line 3a of Summary
Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 150254
2. Committee Name FRIENDS OF BRIAN ELDER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/09</u> Name & Address: GREEN, DAVID D 606 SE BOUTELL RD BAY CITY MI 48708 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ _____
Click Here for Memo Itemization		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/09</u> Name & Address: GRAY, MICHAEL K 5009 FRASER RD BAY CITY MI 48706 5. If over \$100.00 cumulative, please provide: Occupation <u>GOVERNMENT ADMINISTRATOR</u> Employer <u>BAY COUNTY</u> Business Address <u>501 CENTER AVE, BAY CITY MI 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>110.00</u>	\$ _____
Click Here for Memo Itemization		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/09</u> Name & Address: RYDER, THOMAS L 601 N HAMPTON ST BAY CITY MI 48708 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ _____
Click Here for Memo Itemization		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/04/09</u> Name & Address: MOORE, G W 193 HENDRIE BAY CITY MI 48706 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ _____
Click Here for Memo Itemization		

Page Subtotal **\$360.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150254
2. Committee Name FRIENDS OF BRIAN ELDER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

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

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/05/09

Name & Address:
BASKET, MARK J
1076 W BORTON RD
ESSEXVILLE MI 48732

\$ 70.00

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/05/09

Name & Address:
SHEA, ROBERT G
908 MCKINLEY ST
BAY CITY MI 48708

\$ 30.00

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/05/09

Name & Address:
RI VET, JOSEPH L
4542 MOCASA CT
BAY CITY MI 48706

\$ 25.00

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 02/04/09

Name & Address:
BYRUM MAJORITY FUND
PO BOX 21094
LANSING MI 48909

\$ 500.00

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal \$625.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150254
2. Committee Name FRIENDS OF BRIAN ELDER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>02/16/09</u> Name & Address: CMS ENERGY EMPLOYEES FOR BETTER GOVT.-STATE ONE ENERGY PLAZA JACKSON MI 49201		\$ <u>100.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>02/26/09</u> Name & Address: MICHIGAN LABORER'S POLITICAL LEAGUE POLITICAL ACTION COMMITTEE 302 S WAVERLY RD, SUITE 8 LANSING MI 48917		\$ <u>100.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/09</u> Name & Address: ASBURY, KURT 2125 6TH ST BAY CITY MI 48708		\$ <u>20.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/09</u> Name & Address: BARTZ, GARY 1446 WILSON SAGINAW MI 48603		\$ <u>35.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$255.00**
Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 150254
2. Committee Name FRIENDS OF BRIAN ELDER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/05/09</u>	
Name & Address: BESON, PATRICK 1946 E RIVER RD KAWKAWLIN MI 48631		\$ <u>50.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/05/09</u>	
Name & Address: BUDA, MIKE 526 HANDY BAY CITY MI 48706		\$ <u>20.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/05/09</u>	
Name & Address: BURLEY, MATT 1505 SMITH ST BAY CITY MI 48708		\$ <u>20.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/05/09</u>	
Name & Address: FOURNIER, BILL 1020 N WATER BAY CITY MI 48708		\$ <u>20.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **\$110.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150254
2. Committee Name FRIENDS OF BRIAN ELDER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/09</u> Name & Address: FORET, TIM 988 N CALLAHAN ESSEXVILLE, MI 48732 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ _____ Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/09</u> Name & Address: HOPPENJAIN, J 1317 18TH ST BAY CITY MI 48708 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ _____ Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/09</u> Name & Address: LARSEN, PAUL 2303 COURT ST SAGINAW MI 48630 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ _____ Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/09</u> Name & Address: GRABOWSKI, T 909 5TH ST BAY CITY MI 48706 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>30.00</u>	\$ _____ Click Here for Memo Itemization

Page Subtotal \$90.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 150254
2. Committee Name FRIENDS OF BRIAN ELDER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/09</u> Name & Address: IZWORSKI, CHRIS 547 RIVER RD BAY CITY MI 48708 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ _____ Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/09</u> Name & Address: MINER, JAMES 1025 ROSEMARY LN ESSEXVILLE MI 48732 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ _____ Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/09</u> Name & Address: TACEY, WILLIAM 447 E CENTER ESSEXVILLE MI 48732 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ _____ Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/09</u> Name & Address: ROBISON, FORREST 1210 HINE ST BAY CITY MI 48708 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ _____ Click Here for Memo Itemization

Page Subtotal **\$80.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150254
2. Committee Name FRIENDS OF BRIAN ELDER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/09</u> Name & Address: PHILLIPS, AMY 215 SPENGLER BAY CITY MI 48708		\$ <u>20.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/09</u> Name & Address: SPEGEL, TERRY 1718 N KNIGHT RD ESSEXVILLE MI 48732		\$ <u>20.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/09</u> Name & Address: RIVET, ED 3072 W BIRCH BAY CITY MI 48706		\$ <u>20.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/09</u> Name & Address: POWELL, BILL 5277 CRESTWAY BAY CITY MI 48708		\$ <u>20.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$80.00

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

Enter this total on line 3a of Summary Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 150254
2. Committee Name FRIENDS OF BRIAN ELDER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/09</u> Name & Address: PAIGE, TOM 4838 11 MI RD AUBURN MI 48611		\$ <u>20.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/09</u> Name & Address: SOLINSKI, LYDIA 515 CENTER BAY CITY MI 48708		\$ <u>20.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/09</u> Name & Address: SAWYER, JEFF 7677 MIDLAND RD FREELAND MI 48623		\$ <u>20.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>02/26/09</u> Name & Address: MICHIGAN LABORERS' POLITICAL LEAGUE PAC 302 S WAVERLY RD LANSING MI 48917		\$ <u>100.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$160.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150254
2. Committee Name FRIENDS OF BRIAN ELDER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/28/08</u>	
Name & Address: BRIAN ELDER 915 5TH ST BAY CITY MI 48708		\$ <u>50.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>301 MIDLAND RD, AUBURN MI 48611</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>12/12/08</u>	
Name & Address: BRIAN ELDER 915 5TH ST BAY CITY MI 48708		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>301 MIDLAND RD, AUBURN MI 48611</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>12/26/08</u>	
Name & Address: BRIAN ELDER 915 5TH ST BAY CITY MI 48708		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>301 MIDLAND RD, AUBURN MI 48611</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/05/09</u>	
Name & Address: BRIAN ELDER 915 5TH ST BAY CITY MI 48708		\$ <u>50.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>301 MIDLAND RD, AUBURN MI 48611</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$200.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 150254
2. Committee Name FRIENDS OF BRIAN ELDER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/23/09</u> Name & Address: BRIAN ELDER 915 5TH ST BAY CITY MI 48708 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>301 MIDLAND RD, AUBURN MI 48611</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>250.00</u> Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/06/09</u> Name & Address: BRIAN ELDER 915 5TH ST BAY CITY MI 48708 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>301 MIDLAND RD, AUBURN MI 48611</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>300.00</u> Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/06/09</u> Name & Address: BRIAN ELDER 915 5TH ST BAY CITY MI 48708 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>301 MIDLAND RD, AUBURN MI 48611</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>350.00</u> Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/26/09</u> Name & Address: BRIAN ELDER 915 5TH ST BAY CITY MI 48708 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>301 MIDLAND RD, AUBURN MI 48611</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>400.00</u> Click Here for Memo Itemization

Page Subtotal \$200.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 150254

2. Committee Name FRIENDS OF BRIAN ELDER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

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

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/23/09

Name & Address:

GRAY, SALLY
5009 FRASER RD
BAY CITY MI 48706

\$ 100.00

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/23/09

Name & Address:

CALLTON, MICHAEL
224 W WASHINGTON ST
NASHVILLE MI 49073

\$ 50.00

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt _____

Name & Address:

\$ _____ \$ _____

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt _____

Name & Address:

\$ _____ \$ _____

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal \$150.00

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

\$ 5,080.00

Enter this total on
line 3a of Summary
Page.

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150254
2. Committee Name FRIENDS OF BRIAN ELDER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name POSTMASTER Address 1000 WASHINGTON AVE BAY CITY MI 48708 <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>02/06/09</u> Date	<u>\$ 168.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name BAY COUNTY DEMOCRATIC PARTY Address 226 LIBBY PINCONNING MI 48650 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/09/09</u> Date	<u>\$ 10.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name BCC BOOSTER CLUB Address 1624 COLUMBUS AVE BAY CITY MI 48708 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/09/09</u> Date	<u>\$ 75.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name SAGINAW AREA DEMOCRATIC CLUB Address PO BOX 20103 SAGINAW MI 48602 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/10/09</u> Date	<u>\$ 20.00</u> Click Here for Memo Itemization Type
Expenditure #5 Name RT PRINTING Address 4778 W MAIN MILLINGTON MI 48746 <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/19/09</u> Date	<u>\$ 125.60</u> Click Here for Memo Itemization Type

Subtotal this page \$ 398.60

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

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150254
2. Committee Name FRIENDS OF BRIAN ELDER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FRIENDS OF BRIAN ELDER Address 915 5TH ST BAY CITY MI 48706 <input type="checkbox"/> Fund Raiser	Purpose: <u>TRANSFER IS UNEXPENDED FUNDS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/23/09</u> Date	\$ <u>5000.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name CITIZENS BANK Address 701 WASHINGTON AVE BAY CITY MI 48708 <input type="checkbox"/> Fund Raiser	Purpose: <u>BANK CHARGE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/30/09</u> Date	\$ <u>12.09</u> Click Here for Memo Itemization Type
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type
Expenditure #4 Name FRIENDS OF BRIAN ELDER Address 915 5TH ST BAY CITY MI 48708 <input type="checkbox"/> Fund Raiser	Purpose: <u>TRANSFER OF UNEXPENDED FUNDS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/02/09</u> Date	\$ <u>1600.00</u> Click Here for Memo Itemization Type
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type

Subtotal this page **\$6,612.09**

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

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150254
2. Committee Name FRIENDS OF BRIAN ELDER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name STEINHAUS Address 1108 N WATER ST BAY CITY MI 48708 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FOOD AND DRINK</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/05/09</u> Date	<u>\$ 1081.64</u> Click Here for Memo Itemization Type
Expenditure #2 Name ST. PATS PARADE COMMITTEE Address 411 S KEISEL BAY CITY MI 48706 <input type="checkbox"/> Fund Raiser	Purpose: <u>AD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/24/09</u> Date	<u>\$ 55.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name BRIAN ELDER Address 915 5TH ST BAY CITY MI 48706 <input type="checkbox"/> Fund Raiser	Purpose: <u>LOAN PAYMENT</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/08/09</u> Date	<u>\$ 1650.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name BRIAN ELDER Address 915 5TH ST BAY CITY MI 48706 <input type="checkbox"/> Fund Raiser	Purpose: <u>LOAN PAYMENT</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/23/09</u> Date	<u>\$ 450.00</u> Click Here for Memo Itemization Type
Expenditure #5 Name COMMITTEE TO ELECT LARRY ELLIOTT Address 308 SANSON BAY CITY MI 48706 <input type="checkbox"/> Fund Raiser	Purpose: <u>TICKET</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/06/09</u> Date	<u>\$ 20.00</u> Click Here for Memo Itemization Type

Subtotal this page **\$3,256.64**
 Grand Total of all Schedules 1B
 (Complete on last page of Schedule) **10,267.33**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 150254
2. Committee Name FRIENDS OF BRIAN ELDER

This Schedule itemizes:

a. Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by: Corp? <input type="checkbox"/> Yes BRIAN ELDER 915 5TH ST BAY CITY MI 48708	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>01/11/08</u> 6. <u>Original Amount of Debt:</u> \$ <u>50.00</u>	07/23/09 \$ 50.00 \$ \$ \$	\$ 50.00	\$ 0 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: Corp? <input type="checkbox"/> Yes BRIAN ELDER 915 5TH ST BAY CITY MI 48708	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>01/25/08</u> 6. <u>Original Amount of Debt:</u> \$ <u>50.00</u>	07/23/09 \$ 50.00 \$ \$ \$	\$ 50.00	\$ 0 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: Corp? <input type="checkbox"/> Yes BRIAN ELDER 915 5TH ST BAY CITY MI 48708	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>02/11/08</u> 6. <u>Original Amount of Debt:</u> \$ <u>50.00</u>	07/23/09 \$ 50.00 \$ \$ \$	\$ 50.00	\$ 0 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$0.00**
Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

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



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

1. Committee I.D. Number 150254
2. Committee Name FRIENDS OF BRIAN ELDER

This Schedule itemizes:

a Debts and obligations owed by or forgiven the committee OR b Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: BRIAN ELDER 915 5TH ST BAY CITY MI 48708	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>02/22/08</u> 6. <u>Original Amount of Debt:</u> \$ <u>50.00</u>	07/23/09 \$ 50.00 \$ \$ \$	\$ 50.00	\$ 0 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: BRIAN ELDER 915 5TH ST BAY CITY MI 48708	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>03/17/08</u> 6. <u>Original Amount of Debt:</u> \$ <u>50.00</u>	07/23/09 \$ 50.00 \$ \$ \$	\$ 50.00	\$ 0 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: BRIAN ELDER 915 5TH ST BAY CITY MI 48708	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>03/20/08</u> 6. <u>Original Amount of Debt:</u> \$ <u>50.00</u>	07/23/09 \$ 50.00 \$ \$ \$	\$ 50.00	\$ 0 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$0.00

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

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

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 150254
2. Committee Name FRIENDS OF BRIAN ELDER

This Schedule itemizes:

a Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: BRIAN ELDER 915 5TH ST BAY CITY MI 48708	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>04/04/08</u> 6. <u>Original Amount of Debt:</u> <u>\$ 50.00</u>	07/23/09 \$ 50.00 _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	\$ 50.00	\$ 0 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: BRIAN ELDER 915 5TH ST BAY CITY MI 48708	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>04/18/08</u> 6. <u>Original Amount of Debt:</u> <u>\$ 50.00</u>	07/23/09 \$ 50.00 _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	\$ 50.00	\$ 0 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: BRIAN ELDER 915 5TH ST BAY CITY MI 48708	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>05/02/08</u> 6. <u>Original Amount of Debt:</u> <u>\$ 50.00</u>	07/23/09 \$ 50.00 _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	\$ 50.00	\$ 0 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$0.00**
Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

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

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 150254
2. Committee Name FRIENDS OF BRIAN ELDER

This Schedule itemizes:

a Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. <small>Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.</small>	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by: Corp? <input type="checkbox"/> Yes BRIAN ELDER 915 5TH ST BAY CITY MI 48708	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>05/16/08</u> 6. <u>Original Amount of Debt:</u> \$ <u>50.00</u>	07/23/09 \$ 50.00 \$ \$ \$	\$ 50.00	\$ 0 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: Corp? <input type="checkbox"/> Yes BRIAN ELDER 915 5TH ST BAY CITY MI 48708	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/13/08</u> 6. <u>Original Amount of Debt:</u> \$ <u>50.00</u>	07/23/09 \$ 50.00 \$ \$ \$	\$ 50.00	\$ 0 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: Corp? <input type="checkbox"/> Yes BRIAN ELDER 915 5TH ST BAY CITY MI 48708	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/27/08</u> 6. <u>Original Amount of Debt:</u> \$ <u>50.00</u>	07/23/09 \$ 50.00 \$ \$ \$	\$ 50.00	\$ 0 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$0.00**
Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

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

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



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

1. Committee I.D. Number 150254
2. Committee Name FRIENDS OF BRIAN ELDER

This Schedule itemizes:

a. Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: BRIAN ELDER 915 5TH ST BAY CITY MI 48708	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>02/06/09</u> 6. <u>Original Amount of Debt:</u> <u>\$ 50.00</u>	07/23/09 \$ 50.00 \$ \$ \$ \$	\$ 50.00	\$ 0 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: BRIAN ELDER 915 5TH ST BAY CITY MI 48708	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>12/30/07</u> 6. <u>Original Amount of Debt:</u> <u>\$ 3950.00</u>	03/08/09 \$ 1,450.00 \$ \$ \$ \$	\$ 1450.00	\$ 2500.00 <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: BRIAN ELDER 915 5TH ST BAY CITY MI 48708	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/30/08</u> 6. <u>Original Amount of Debt:</u> <u>\$ 50.00</u>	\$ \$ \$ \$ \$	\$	\$ 50.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$2,550.00**

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

\$2,550.00

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

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 150524
2. Committee Name FRIENDS OF BRIAN ELDER

This Schedule itemizes:

a Debts and obligations owed by or forgiven the committee OR b Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: BRIAN ELDER 915 5TH ST BAY CITY MI 48708	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>08/11/08</u> 6. <u>Original Amount of Debt:</u> \$ <u>50.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>50.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: BRIAN ELDER 915 5TH ST BAY CITY MI 48708	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>08/28/2008</u> 6. <u>Original Amount of Debt:</u> \$ <u>50.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>50.00</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: BRIAN ELDER 915 5TH ST BAY CITY MI 48708	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>09/08/2008</u> 6. <u>Original Amount of Debt:</u> \$ <u>50.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>50.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$150.00**
Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

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

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 150524
2. Committee Name FRIENDS OF BRIAN ELDER

This Schedule itemizes:
a Debts and obligations owed by or forgiven the committee OR b Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: BRIAN ELDER 915 5TH ST BAY CITY MI 48708	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>09/19/08</u> 6. <u>Original Amount of Debt:</u> \$ <u>50.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>50.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: BRIAN ELDER 915 5TH ST BAY CITY MI 48708	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/03/2008</u> 6. <u>Original Amount of Debt:</u> \$ <u>50.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>50.00</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: BRIAN ELDER 915 5TH ST BAY CITY MI 48708	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/17/2008</u> 6. <u>Original Amount of Debt:</u> \$ <u>50.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>50.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$150.00**
Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

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

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



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

1. Committee I.D. Number 150254
2. Committee Name FRIENDS OF BRIAN ELDER

This Schedule itemizes:

a. Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt.	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: BRIAN K ELDER 915 5TH ST BAY CITY MI 48708	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/31/08</u> 6. <u>Original Amount of Debt:</u> <u>\$ 50.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>50.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: BRIAN K ELDER 915 5TH ST BAY CITY MI 48708	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>11/14/2008</u> 6. <u>Original Amount of Debt:</u> <u>\$ 50.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>50.00</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: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$100.00**
Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

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

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 150254
2. Committee Name FRIENDS OF BRIAN ELDER

This Schedule itemizes:

a Debts and obligations owed by or forgiven to the committee OR b. Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: BRIAN ELDER 915 5TH ST BAY CITY MI 48708	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>11/28/08</u> 6. <u>Original Amount of Debt:</u> <u>\$ 50.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>50.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: BRIAN ELDER 915 5TH ST BAY CITY MI 48708	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>12/12/08</u> 6. <u>Original Amount of Debt:</u> <u>\$ 50.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>50.00</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: BRIAN ELDER 915 5TH ST BAY CITY MI 48708	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>12/26/08</u> 6. <u>Original Amount of Debt:</u> <u>\$ 50.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>50.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$150.00**
Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

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

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



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

1. Committee I.D. Number 150254
2. Committee Name FRIENDS OF BRIAN ELDER

This Schedule itemizes:

a Debts and obligations owed by or forgiven the committee OR b Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: BRIAN ELDER 915 5TH ST BAY CITY MI 48708	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>01/15/09</u> 6. <u>Original Amount of Debt:</u> \$ <u>50.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>50.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: BRIAN ELDER 915 5TH ST BAY CITY MI 48708	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>01/23/09</u> 6. <u>Original Amount of Debt:</u> \$ <u>50.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>50.00</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: BRIAN ELDER 915 5TH ST BAY CITY MI 48708	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>02/06/09</u> 6. <u>Original Amount of Debt:</u> \$ <u>50.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>50.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$150.00**
Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

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



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 150254
2. Committee Name FRIENDS OF BRIAN ELDER

This Schedule itemizes:

a. Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: BRIAN ELDER 915 5TH ST BAY CITY MI 48708	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>02/06/09</u> 6. <u>Original Amount of Debt:</u> \$ <u>50.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>50.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: BRIAN ELDER 915 5TH ST BAY CITY MI 48708	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>02/26/09</u> 6. <u>Original Amount of Debt:</u> \$ <u>50.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>50.00</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: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$100.00**
Grand Total of all Schedules 1E **3,350.00**
(Complete on last page of Schedule showing amounts owed by or to the committee)

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

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150254

2. Committee Name FRIENDS OF BRIAN ELDER

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>03/05/09</u>	4. Number of Individuals Attending or Participating (whichever is greater) 112	5. Type of Fund Raising Activity RECEPTION W/ FOOD & DRINKS	6. Address and Name (if any) of the place where the activity was held. STEIN HAUS 1108 N WATER ST BAY CITY MI 48708 <input type="checkbox"/> Private Residence
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7. Total Contributions \$4,530.00

8. Other Receipts \$0.00

9. Gross Receipts (Add lines 7 and 8) \$4,530.00

10. Total Cost of Event \$1,081.64
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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