



**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: 01/01/08 to 07/20/08

1. Committee I.D. Number
150254

2. Committee Name
FRIENDS OF BRIAN ELDER

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**

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.

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

Area Code & Phone (989) 667-0423

7. Treasurer's Business Address
**2483 MIDLAND RD
BAY CITY MI 48706**

Area Code and Phone (989) 684-7203

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

Area Code and Phone _____

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

Primary General
 Convention School
 Special Caucus

Date of Election, Convention or Caucus
08/05/08

9c. Annual Statement (_____ Coverage Year)

9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. Dissolution of Candidate Committee

Effective Date of Dissolution

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 *Sally J Gray* Date 07/23/2008

Candidate **BRIAN K ELDER**, Signature *Brian Elder* Date 07/23/2008



1. Committee I.D. Number 150254

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name FRIENDS OF BRIAN ELDER

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>4,525.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$4,525.00</u>	(18.) \$ <u>\$15,075.00</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>\$4,525.00</u>	(20.) \$ <u>\$15,075.00</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>\$2,081.51</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>\$2,081.51</u>	(23.) \$ <u>\$8,312.99</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>\$650.00</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>\$4,368.52</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$4,525.00</u>	
	(15.) = \$ <u>\$8,893.52</u>	
15. SUBTOTAL Add lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$2,081.51</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$6,812.01</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 <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>02/19/08</u> Name & Address: LOCAL NO. 85 PO BOX 6547 SAGINAW MI 48608-6547 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>	\$ <u>40.00</u> Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: ASBURY, KURT 2125 SIXTH 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>	\$ <u>70.00</u> Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: AGUILAR, JOHN 512 N LINCOLN 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>	\$ <u>20.00</u> Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: BERGER, DEANNE 2235 CARROLL 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>	\$ <u>100.00</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>01/30/08</u> Name & Address: BESON, PAT 1946 E. RIVER RD. KAWKAWLIN MI 48631 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>	\$ <u>20.00</u> Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: BOETTGER, BOYD 505 HAROLD 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>	\$ <u>40.00</u> Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: BRUNNER, CHARLIE 208 MURPHY 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>	\$ <u>40.00</u> Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: BRZEZINSKI, RICK 2413 25TH 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>	\$ <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>01/30/08</u> Name & Address: BUDA, MIKE 526 HANDY 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>	\$ <u>40.00</u>
Click Here for Memo Itemization		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: BURLEY, MATT 1505 SMITH ST. 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>	\$ <u>40.00</u>
Click Here for Memo Itemization		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: BYRUM, BARB 4523 STONE ONONDAGA MI 49264 5. If over \$100.00 cumulative, please provide: Occupation <u>STATE REPRESENTATIVE</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>124 N CAPITAL AVE #1806, LANSING MI 48933</u> 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>	\$ <u>150.00</u>
Click Here for Memo Itemization		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: BYRUM, DIANE 4933 BELLEVIEW RD. ONONDAGA MI 49264 5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>SELF</u> Business Address <u>4933 BELLEVIEW RD ONONDAGA MI 49264</u> 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>	\$ <u>140.00</u>
Click Here for Memo Itemization		

Page Subtotal **\$130.00**
Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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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>01/30/08</u> Name & Address: CARLYON, DON 1715 FIFTH 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>	\$ <u>20.00</u> Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: COONAN, KIM 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>	\$ <u>70.00</u> Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: COZAD, DAVE 2037 BRIAR 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>	\$ <u>40.00</u> Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: DAVISON, JOHN AND DENISE 1218 MARSAC 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>	\$ <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>01/30/08</u>	
Name & Address: DECKER, JOHN 284 KILLARNEY BEACH BAY CITY MI 48708		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
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>01/30/08</u>	
Name & Address: DEJOHN, JOHN 807 ELM ESSEXVILLE MI 48732		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
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>01/30/08</u>	
Name & Address: ELDER, ALVIN 271 LONG LAKE HARRISON MI 48625		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
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>01/30/08</u>	
Name & Address: FABIANO, JAMES 1219 N MISSION MT. PLEASANT MI 48858		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>WHOLESALE BEVERAGE DISTRIBUTOR</u> Employer <u>SELF</u>		Click Here for Memo Itemization	
Business Address <u>1219 N MISSION, 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			

Page Subtotal **\$270.00**
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>01/30/08</u> Name & Address: CMS ENERGY PAC 2742 N WEADOCK 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>100.00</u>	\$ <u>100.00</u> Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: FITZHUGH, MARTHA 3077 OAKWOOD COURT 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>	\$ <u>60.00</u> Click Here for Memo Itemization
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: FOURNIER, BILL 1020 N WATER 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>	\$ <u>20.00</u> Click Here for Memo Itemization
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: GIBSON, KATHEY 3087 OLD KAWKAWLIN 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>	\$ <u>100.00</u> Click Here for Memo Itemization

Page Subtotal **\$240.00**

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

Enter this total on
line 3a of Summary
Page _____



**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 150254
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3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: GILL, DAVE 306 W. VERMONT 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>	\$ <u>80.00</u>
		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: GOOD, DON 714 WEBB 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>	\$ <u>40.00</u>
		Click Here for Memo Itemization	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: GOULET, DON 69 YORK 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>	\$ <u>40.00</u>
		Click Here for Memo Itemization	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: GRAY, MIKE 5009 FRASER 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>50.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization	

Page Subtotal **\$130.00**
Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150254
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3. Contribution #1 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: AT&T MICHIGAN PAC 221 N WASHINGTON SQUARE LANSING MI 48933 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>	\$ <u>50.00</u> Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: HALSTEAD, MIKE 2157 SIXTH 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>	\$ <u>35.00</u> Click Here for Memo Itemization
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: HAYES, DENNY 114 N. SHERIDAN 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>	\$ <u>40.00</u> Click Here for Memo Itemization
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: HENNESSY, CHRISS 420 PINE ST. CLIO MI 48420 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>	\$ <u>20.00</u> Click Here for Memo Itemization

Page Subtotal **\$125.00**

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

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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>01/30/08</u> Name & Address: HOLLISTER, FRED 1504 HELEN ST. BAY CITY MI 48708		\$ <u>20.00</u>	\$ <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>01/30/08</u> Name & Address: HORNER, BOB 3012 COVENTRY BAY CITY MI 48706		\$ <u>20.00</u>	\$ <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>01/30/08</u> Name & Address: JANISKEE, MIKE 5647 FIRETHORNE DR. BAY CITY MI 48706		\$ <u>20.00</u>	\$ <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>01/30/08</u> Name & Address: JOHNSON, JAMES 301 W MIDLAND RD. AUBURN MI 48611		\$ <u>100.00</u>	\$ <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
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**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: KALTENBACH, PAT 12 E. HANNUM BLVD. SAGINAE MI 48602	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u>	\$ <u>50.00</u>	\$ <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 Name & Address: KAPLENSKI, MARK 1906 S SHERIDAN BAY CITY MI 48708	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u>	\$ <u>50.00</u>	\$ <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 Name & Address: KATT, BARB 1307 MC CORMICK ST. BAY CITY MI 48708	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u>	\$ <u>20.00</u>	\$ <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 # 4 Name & Address: KELLY, TIM 2152 SIXTH ST. BAY CITY MI 48708	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u>	\$ <u>20.00</u>	\$ <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 **\$140.00**

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

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line 3a of Summary
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**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>01/30/08</u> Name & Address: KINSELLA, MICHAEL 705 GERMANIA ST. BAY CITY MI 48706		\$ <u>50.00</u>	\$ <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 type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: KLIDA, DAWN 3092 WILDER RD. BAY CITY MI 48706		\$ <u>20.00</u>	\$ <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>01/30/08</u> Name & Address: KRYGIER, ERNIE 785 ALPIN BEACH BAY CITY MI 48706		\$ <u>40.00</u>	\$ <u>75.00</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>01/30/08</u> Name & Address: LEWIS, JIM 7292 SPRING LAKE TR. SAGINAW MI 48603		\$ <u>20.00</u>	\$ <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	

Page Subtotal **\$130.00**

Grand Total of All Schedules 1A
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**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>01/30/08</u> Name & Address: MARKSTROM, KEITH 1383 N. JONES 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>	\$ <u>20.00</u> Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: MAYES, JEFF 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>	\$ <u>85.00</u> Click Here for Memo Itemization
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: MC NALLY, MEL 2081 FRASER RD. KAWKAWLIN MI 48631 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>	\$ <u>20.00</u> Click Here for Memo Itemization
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: MILLER, JOHN 2076 S. NINE MI. RD. KAWKAWLIN MI 48631 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>	\$ <u>20.00</u> Click Here for Memo Itemization

Page Subtotal **\$110.00**
Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150254
2. Committee Name FREINDS 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>01/30/08</u> Name & Address: MINUTH, BRANDON 4606 FRASER 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>50.00</u>	\$ <u>50.00</u>
Click Here for Memo Itemization		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: MINOR, JAN 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>35.00</u>	\$ <u>35.00</u>
Click Here for Memo Itemization		
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: MONISTERE, DOM 4659 NICOLET PL. 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>	\$ <u>70.00</u>
Click Here for Memo Itemization		
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: MOORE, GARY 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>50.00</u>	\$ <u>100.00</u>
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Page Subtotal **\$155.00**

Grand Total of All Schedules 1A
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**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>01/30/08</u> Name & Address: NOBLE, DON 222 LAGOON BEACH 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>50.00</u>	\$ <u>85.00</u> Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: OSTRANDER, JOHN 4851 APPLETREE LN. 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>	\$ <u>20.00</u> Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: RYDER, TOM 601 N. HAMPTON 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>	\$ <u>100.00</u> Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: PABALIS, RICK 5431 CHRISTENA 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>	\$ <u>60.00</u> Click Here for Memo Itemization

Page Subtotal **\$160.00**
Grand Total of All Schedules 1A
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**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>01/30/08</u> Name & Address: PAWELSKI, TONY PO BOX 556 PINCONNING MI 48650 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>	\$ <u>40.00</u> Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: PERKINS, M. JANE 1106 HARBOR COVE 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>	\$ <u>40.00</u> Click Here for Memo Itemization
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: PETERSON, KEN 3058 LANTERN CT. 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>35.00</u>	\$ <u>70.00</u> Click Here for Memo Itemization
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: PHILLIPS, GARY 1003 FIFTH 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>50.00</u>	\$ <u>100.00</u> Click Here for Memo Itemization

Page Subtotal **\$125.00**
Grand Total of All Schedules 1A
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**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>01/30/08</u> Name & Address: POMINVILLE, ART 9124 N. SALEM 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>	\$ <u>70.00</u> Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: POWELL, BILL 5277 CRESTWAY 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>	\$ <u>40.00</u> Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: REDMOND, BOB 201 N. MOUNTAIN 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>	\$ <u>100.00</u> Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: REDMOND, BRIAN 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>	\$ <u>40.00</u> Click Here for Memo Itemization

Page Subtotal **\$125.00**

Grand Total of All Schedules 1A
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**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>01/30/08</u> Name & Address: RIELLY, MICHELLE 1701 HELEN 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>	\$ <u>20.00</u> Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: RIVET, JOSEPH 4542 MOCASA CT. 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>	\$ <u>75.00</u> Click Here for Memo Itemization
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: COMMITTEE TO ELECT VICKIE ROUPE 3115 KIRKLAND 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>	\$ <u>20.00</u> Click Here for Memo Itemization
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: RUSSELL, DEBBIE 1574 ST. MARY'S 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>	\$ <u>40.00</u> Click Here for Memo Itemization

Page Subtotal **\$110.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150254
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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>01/30/08</u> Name & Address: SHEA, ROBERT G. 908 MC KINLEY 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>	\$ <u>60.00</u> Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: SHEERAN, JOE 1206 WILDERNESS CT. 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>	\$ <u>70.00</u> Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: SHORT, BRANDON 4527 WESTFIELD CT. 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>	\$ <u>20.00</u> Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: SOLINSKI, LYDIA 403 E. SALZBURG 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>20.00</u>	\$ <u>20.00</u> Click Here for Memo Itemization

Page Subtotal **\$95.00**

Grand Total of All Schedules 1A
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**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>01/30/08</u> Name & Address: SUPER, BOB 205 OAKLAND BAY CITY 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>	\$ <u>35.00</u> Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: STODOLAK, MIKE 323 S. WALNUT 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>	\$ <u>20.00</u> Click Here for Memo Itemization
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: TIGHE, KAREN 2123 CENTER 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>35.00</u>	\$ <u>55.00</u> Click Here for Memo Itemization
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: TILLEY, DON 617 GREEN AVE. 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>	\$ <u>75.00</u> Click Here for Memo Itemization

Page Subtotal **\$115.00**
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>01/30/08</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>25.00</u>	\$ <u>25.00</u>
Click Here for Memo Itemization		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: VAN WORMER, JOANIE 2812 DANAK DR. 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>	\$ <u>40.00</u>
Click Here for Memo Itemization		
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: VENTRONE, DAVE 1783 MAROBA 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>20.00</u>	\$ <u>20.00</u>
Click Here for Memo Itemization		
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: WEBBER, WILLIAM 683 S. LINWOOD BEACH RD. LINWOOD MI 48634 5. If over \$100.00 cumulative, please provide: Occupation <u>Sergeant Stone</u> Employer _____ Business Address <u>Day</u> 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>	\$ <u>150.00</u>
Click Here for Memo Itemization		

Page Subtotal **\$115.00**

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? <input type="checkbox"/> YES	4. Date of Receipt <u>01/30/08</u>	
Name & Address: WETTERS, HOWARD 1886 WETTERS RD KAWKAWLIN MI 48631		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MSU EXTENSION DIRECTOR</u> Employer <u>MICHIGAN STATE UNIVERSITY</u> Business Address <u>515 CENTER AVE, BAY CITY MI 48708</u>		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>01/30/08</u>	
Name & Address: ZANOT, CRAIG A. 547 S. LINWOOD BEACH LINWOOD MI 48634		\$ <u>100.00</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 # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/30/08</u>	
Name & Address: BOETTGER, MARY 505 HAROLD BAY CITY MI 48706		\$ <u>20.00</u>	\$ <u>40.00</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>01/30/08</u>	
Name & Address: COZAD, KATHY 2037 BRIAR BAY CITY MI 48706		\$ <u>20.00</u>	\$ <u>40.00</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 **\$190.00**

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

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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>01/30/08</u> Name & Address: GRAY, SALLY 5009 FRASER 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>50.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: MARIE HAYES 114 N SHERIDAN 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>	\$ <u>40.00</u>
		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: O'LEARY, JAN 103 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>50.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/31/08</u> Name & Address: LAURA OGAR 601 N HAMPTON 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>	\$ <u>100.00</u>
		Click Here for Memo Itemization	

Page Subtotal **\$170.00**

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

Enter this total on
line 3a of Summary
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**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>01/30/08</u> Name & Address: REDMOND, LORI 201 N MOUNTAIN BAY CITY MI 48706	\$ <u>50.00</u>	\$ <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 type="checkbox"/> YES 4. Date of Receipt <u>01/30/08</u> Name & Address: BOCK, TOM 2132 CENTER AVE BAY CITY MI 48708	\$ <u>35.00</u>	\$ <u>55.00</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>01/30/08</u> Name & Address: TILLEY, BRANDY 617 GREEN AVE BAY CITY MI 48708	\$ <u>25.00</u>	\$ <u>75.00</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>01/31/08</u> Name & Address: PHILLIPS, AMY 1910 33RD ST BAY CITY MI 48706	\$ <u>25.00</u>	\$ <u>25.00</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 **\$135.00**
Grand Total of All Schedules 1A
(Complete on last page of Schedule)

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**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? <input type="checkbox"/> YES	4. Date of Receipt <u>01/30/08</u>	
Name & Address: WETTERS, JULIE 1886 WETTERS RD KAWKAWLIN MI 48631		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TRAINING COORDINATOR</u> Employer <u>BAY COUNTY</u> Business Address <u>515 CENTER AVE, BAY CITY MI 48708</u>		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>01/11/08</u>	
Name & Address: ELDER, BRIAN 915 5TH ST BAY CITY MI 48706		\$ <u>50.00</u>	\$ <u>4000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/25/08</u>	
Name & Address: ELDER, BRIAN 915 5TH ST BAY CITY MI 48706		\$ <u>50.00</u>	\$ <u>4050.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/11/08</u>	
Name & Address: ELDER, BRIAN 915 5TH ST BAY CITY MI 48706		\$ <u>50.00</u>	\$ <u>4100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **\$200.00**
Grand Total of All Schedules 1A
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line 3a of Summary
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**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>02/22/08</u>	
Name & Address: ELDER, BRIAN 915 5TH ST BAY CITY MI 48706		\$ <u>50.00</u>	\$ <u>4150.00</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>03/17/08</u>	
Name & Address: ELDER, BRIAN 915 5TH ST BAY CITY MI 48706		\$ <u>50.00</u>	\$ <u>4200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>301 MIDLAND RD, BAY CITY 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>03/20/08</u>	
Name & Address: ELDER, BRIAN 915 5TH ST BAY CITY MI 48706		\$ <u>50.00</u>	\$ <u>4250.00</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>04/04/08</u>	
Name & Address: ELDER, BRIAN 915 5TH ST BAY CITY MI 48706		\$ <u>50.00</u>	\$ <u>4300.00</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
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line 3a of Summary
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**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>04/18/08</u>	
Name & Address: ELDER, BRIAN 915 5TH ST BAY CITY MI 48706		\$ <u>50.00</u>	\$ <u>4350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u>		Click Here for Memo Itemization	
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			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/02/08</u>	
Name & Address: ELDER, BRIAN 915 5TH ST BAY CITY MI 48706		\$ <u>50.00</u>	\$ <u>4400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u>		Click Here for Memo Itemization	
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			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/16/08</u>	
Name & Address: ELDER, BRIAN 915 5TH ST BAY CITY MI 48706		\$ <u>50.00</u>	\$ <u>4450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u>		Click Here for Memo Itemization	
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			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/13/08</u>	
Name & Address: ELDER, BRIAN 915 5TH ST BAY CITY MI 48706		\$ <u>50.00</u>	\$ <u>4500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u>		Click Here for Memo Itemization	
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			

Page Subtotal \$200.00

Grand Total of All Schedules 1A
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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.

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/27/08
Name & Address:
ELDER, BRIAN
915 5TH ST
BAY CITY MI 48706
6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
\$ 50.00 \$ 4550.00
5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)
Occupation ATTORNEY Employer SELF
Business Address 301 MIDLAND RD, AUBURN MI 48611
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/19/08
Name & Address:
URBANSKI, TIMOTHY
5009 FRASER RD
BAY CITY MI 48706
6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
\$ 20.00 \$ 20.00
5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/11/08
Name & Address:
BYRUM, JIM
4933 BELLEVIEW RD
ONONDAGA MI 49264
6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
\$ 500.00 \$ 500.00
5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)
Occupation PRESIDENT Employer MI AGRI-BUSINESS ASSOCIATION
Business Address 1501 NORTH SHORE DRIVE A, EAST LANSING MI 48823
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/11/08
Name & Address:
STAPISH, KEVIN
509 EUCLID
BAY CITY MI 48706
6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
\$ 20.00 \$ 20.00
5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal **\$590.00**
Grand Total of All Schedules 1A
(Complete on last page of Schedule)

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**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>01/30/08</u> Name & Address: SCHISLER, SCOTT 916 WASHINGTON 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>	\$ <u>50.00</u>
Click Here for Memo Itemization		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: ELDER, BRIAN 915 5TH ST BAY CITY MI 48706 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>301 W 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>4600.00</u>
Click Here for Memo Itemization		
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____ _____ _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input 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 _____ Name & Address: _____ _____ _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ _____	\$ _____
Click Here for Memo Itemization		

Page Subtotal **\$100.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule) **\$4,525.00**

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line 3a of Summary
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**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 RT PRINTING Address 4778 W MAIN ST MILLINGTON MI 48746 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING COSTS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/17/08</u> Date	<u>\$ 145.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name STEIN HAUS Address 1108 N WATER ST BAY CITY MI 48708 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER FOOD/DRINK</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/30/08</u> Date	<u>\$ 1027.31</u> Click Here for Memo Itemization Type
Expenditure #3 Name FRIENDS OF DON TILLEY Address 617 GREEN AVE BAY CITY MI 48708 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER TICKET</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/28/08</u> Date	<u>\$ 50.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name BAY COUNTY DEMOCRATIC PARTY Address 226 LIBBY PINCONNING MI 48650 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER TICKET</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/02/08</u> Date	<u>\$ 30.00</u> Click Here for Memo Itemization Type
Expenditure #5 Name MICHIGAN HOUSE DEMOCRATIC FUND Address PO BOX 16193 LANSING MI 48901 <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>04/18/08</u> Date	<u>\$ 150.00</u> Click Here for Memo Itemization Type

Subtotal this page **\$1,402.31**

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 COMMITTEE TO ELECT TERRY BROWN Address 107 CLARA ST PIGEON MI 48755 <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>04/18/08</u> Date	<u>\$ 50.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name MAYOR'S SCHOLARSHIP FUND 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>04/21/08</u> Date	<u>\$ 70.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name NAACP Address 6323 GOLF LAKES CT BAY CITY MI 48708 <input type="checkbox"/> Fund Raiser	Purpose: <u>MEMBERSHIP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/21/08</u> Date	<u>\$ 50.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name COMMITTEE TO ELECT SALLY GRAY Address 5009 FRASER RD BAY CITY MI 48706 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER TICKET</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/24/08</u> Date	<u>\$ 20.00</u> Click Here for Memo Itemization Type
Expenditure #5 Name COMMITTEE TO ELECT BART STUPAK Address 816 9TH AVE Menominee, MI 49858 <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>06/13/08</u> Date	<u>\$ 50.00</u> Click Here for Memo Itemization Type

Subtotal this page **\$240.00**
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 KLIDA MEMORIAL FOUNDATION Address 3092 WILDER RD BAY CITY MI 48706 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER TICKET</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/19/08</u> Date	<u>\$ 50.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name COMMITTEE TO ELECT JANET SANTOS Address 4646 MORNINGSIDE DR BAY CITY MI 48706 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER TICKET</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/26/08</u> Date	<u>\$ 30.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name FRIENDS OF DON TILLEY Address 617 GREEN AVE BAY CITY MI 48706 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER TICKET</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/01/08</u> Date	<u>\$ 50.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name BAY COUNTY DEMOCRATIC PARTY Address 226 LIBBY PINCONNING MI 48650 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER TICKET</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/09/08</u> Date	<u>\$ 100.00</u> Click Here for Memo Itemization Type
Expenditure #5 Name BAY COUNTY CLERK Address 515 CENTER AVR BAY CITY MI 48708 <input type="checkbox"/> Fund Raiser	Purpose: <u>FILING FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/03/08</u> Date	<u>\$ 100.00</u> Click Here for Memo Itemization Type

Subtotal this page **\$330.00**

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 POSTMASTER Address 1000 WASHINGTON AVE BAY CITY MI 48706 <input type="checkbox"/> Fund Raiser	Purpose: POSTAGE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	01/11/08 Date	\$ 109.20 Click Here for Memo Itemization Type
Expenditure #2 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ 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 _____ 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 #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 **\$109.20**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **2,081.51**

Enter this total
on line 8a of
Summary Page



**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>01/30/08</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>96</u>	5. Type of Fund Raising Activity RECEPTION WITH 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
---	---	--	--

7. Total Contributions \$3,875.00

8. Other Receipts \$0.00

9. Gross Receipts (Add lines 7 and 8) \$3,875.00

10. Total Cost of Event \$1,027.31
(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.



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>01/11/08</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>01/25/2008</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>02/11/2008</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:

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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>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <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>03/17/2008</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: \$ _____				
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>03/20/2008</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

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DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

This Schedule itemizes:
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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>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <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>04/18/2008</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>05/02/2008</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. <input checked="" type="checkbox"/> Debts and obligations owed by or forgiven the committee OR b. <input type="checkbox"/> 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>05/16/08</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>06/13/2008</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>06/27/2008</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 ELDER 915 5TH ST BAY CITY MI 48706	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/11/08</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 48706	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>12/30/2007</u> 6. <u>Original Amount of Debt:</u> \$ <u>3950.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>3950.00</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) **\$4,000.00**

Grand Total of all Schedules 1E **\$4,600.00**
(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.