



**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.

|                                                                                                                                                                                                                                |  |                                                                                                                         |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------|--|
| 1. Committee ID Number<br><b>150333</b>                                                                                                                                                                                        |  | 3. This Statement covers From: <b>5/1/2012</b> to <b>10/21/2012</b>                                                     |  |
| 2. Committee Name <b>WAYNE ESTERHAI FOR HAMPTON TOWNSHIP TRUSTEE COMM.</b><br><b>369 WEST CENTER ROAD<br/>ESSEXVILLE, MI. 48732</b>                                                                                            |  | 4. Candidate Last Name <b>ESTERHAI</b> First Name <b>WAYNE</b> M.I. <b>S.</b>                                           |  |
| 5. Committee's Mailing Address<br><b>WAYNE ESTERHAI FOR HAMPTON TOWNSHIP TRUSTEE COMMITTEE<br/>369 WEST CENTER ROAD<br/>ESSEXVILLE, MI. 48732</b>                                                                              |  | 4a. Office Sought Including District # or Community Served (If applicable)<br><b>HAMPTON TOWNSHIP TRUSTEE</b>           |  |
| Area Code and Phone <b>989 8936616</b><br><small>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.</small> |  | 4b. County of Residence <b>BAY</b>                                                                                      |  |
| 7. Treasurer's Business Address<br><b>SAME</b>                                                                                                                                                                                 |  | 6. Treasurer's Name & Residential Address<br><b>ELVIA J. ESTERHAI<br/>369 W. CENTER RD.<br/>ESSEXVILLE, MI. 48732</b>   |  |
| Area Code and Phone _____                                                                                                                                                                                                      |  | Area Code & Phone <b>989 8936616</b>                                                                                    |  |
| 9. TYPE OF STATEMENT                                                                                                                                                                                                           |  | 8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)<br><b>SAME</b> |  |

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

Pre-Election or Post-Election Statement relates to:

Primary  General  
 Convention  School  
 Special  Caucus

Date of Election, Convention or Caucus  
Nov 6, 2012

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 **ELVIA J. ESTERHAI** *Elvia J. Esterhai* Date **10-16-12**

Candidate **WAYNE S. ESTERHAI** *Wayne S. Esterhai* Date **10-16-12**



1. Committee I.D. Number 150333

2. Committee Name WAYNE ESTERHAM FOR HAMPTON TOWNSHIP TRUSTEE COMMITTEE

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

| RECEIPTS                                                                                        | Column I<br>This Period        | Column II<br>Cumulative this election cycle |
|-------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------|
| <b>3. Contributions</b>                                                                         |                                |                                             |
| a. Itemized (Schedule 1A - Column 6)                                                            | (3a.) \$ <u>1937.34</u>        |                                             |
| b. Unitemized (less than \$20.01 each - no Schedule)                                            | (3b.) \$ <u>NOT APPLICABLE</u> |                                             |
| c. Subtotal of "Contributions"                                                                  | (3c.) \$ <u>1937.34</u>        | (18.) \$ _____                              |
| 4. Other Receipts (Schedule 1A -1, Column 6)                                                    | (4.) \$ _____                  | (19.) \$ _____                              |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS<br>(Add Line 3c + Line 4)                             | (5.) \$ <u>1937.34</u>         | (20.) \$ _____                              |
| <b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>                                                 |                                |                                             |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7)                                              | (6.) \$ <u>0.00</u>            | (21.) \$ _____                              |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6)                                              | (7.) \$ <u>0.00</u>            | (22.) \$ _____                              |
| <b>EXPENDITURES</b>                                                                             |                                |                                             |
| <b>8. Expenditures</b>                                                                          |                                |                                             |
| a. Itemized (Schedule 1B, Column 6)                                                             | (8a.) \$ <u>1937.34</u>        |                                             |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G)                                                    | (8b.) \$ _____                 |                                             |
| c. Unitemized (less than \$50.01 each - no Schedule)                                            | (8c.) \$ _____                 |                                             |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)                                         | (9.) \$ <u>1937.34</u>         | (23.) \$ _____                              |
| <b>INCIDENTAL EXPENSE DISBURSEMENTS<br/>(Officeholders Only)</b>                                |                                |                                             |
| <b>10. Disbursements</b>                                                                        |                                |                                             |
| a. Itemized (Schedule 1C, Column 6)                                                             | (10a.) \$ <u>0.00</u>          |                                             |
| b. Unitemized (less than \$50.01 each - no Schedule)                                            | (10b.) \$ _____                |                                             |
| 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS<br>(Add Line 10a + Line 10b)                         | (11.) \$ _____                 | (24.) \$ _____                              |
| <b>DEBTS AND OBLIGATIONS</b>                                                                    |                                |                                             |
| <b>12. Debts and Obligations</b>                                                                |                                |                                             |
| a. Owed by the Committee (Schedule 1E)                                                          | (12a.) \$ <u>0.00</u>          |                                             |
| b. Owed to the Committee (Schedule 1E)                                                          | (12b.) \$ <u>0.00</u>          |                                             |
| <b>BALANCE STATEMENT</b>                                                                        |                                |                                             |
| 13. Ending Balance of last report filed<br>(Enter zero if no previous reports have been filed.) | (13.) \$ <u>0.00</u>           |                                             |
| 14. Amount received during reporting period<br>(Line 5, Total Contributions & Other Receipts)   | (14.) + \$ <u>1937.34</u>      |                                             |
| 15. SUBTOTAL Add lines 13 and 14                                                                | (15.) = \$ <u>1937.34</u>      |                                             |
| 16. Amount expended during reporting period<br>(Add lines 9 and 11)                             | (16.) - \$ <u>1937.34</u>      |                                             |
| 17. ENDING BALANCE<br>(Subtract line 16 from line 15)                                           | (17.) \$ <u>0.00</u>           |                                             |



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150333

2. Committee Name WAYNE ESTERHAI FOR HAMPTON TOWNSHIP TRUSTEE CONY

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 7-18-12  
Name & Address:  
TIMOTHY QUAST  
619 POWELL ROAD  
ESSEXVILLE, MI 48732  
6. Amount \$ 20.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide: Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt \_\_\_\_\_  
Name & Address:  
WAYNE ESTERHAI  
369 WEST CENTER ROAD  
ESSEXVILLE, MI 48732  
6. Amount \$ 1917.34 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide: Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 3 PAC Receipt?  YES 4. Date of Receipt \_\_\_\_\_  
Name & Address: \_\_\_\_\_  
6. Amount \$ \_\_\_\_\_ 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide: Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 4 PAC Receipt?  YES 4. Date of Receipt \_\_\_\_\_  
Name & Address: \_\_\_\_\_  
6. Amount \$ \_\_\_\_\_ 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide: Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

[Click Here for Memo Itemization](#)

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

Enter this total on line 3a of Summary Page.



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150333  
2. Committee Name WAYNE ESTERHAI FOR HAMPTON TOWNSHIP TRUSTEE COMM.

| 3. Name and address of person or vendor to whom paid                                                                                                             | 4. Purpose (Required Information)                                                                                                                                 | 5. Date                | 6. Amount        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------|
| Expenditure #1<br>Name<br><u>CHARTER TOWNSHIP OF HAMPTON</u><br>Address<br><u>801 W. CENTER RD. ESSEXVILLE, MI 48732</u><br><input type="checkbox"/> Fund Raiser | Purpose: <u>ABSENTEE MAILING LABELS</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>6-8-12</u><br>Date  | <u>\$ 44.22</u>  |
| Expenditure #2<br>Name<br><u>STAPLES</u><br>Address<br><u>4021 N. EUCLID AVE BAY CITY, MI 48706</u><br><input type="checkbox"/> Fund Raiser                      | Purpose: <u>CAMPAIGN CARDS</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement          | <u>6-11-12</u><br>Date | <u>\$ 284.08</u> |
| Expenditure #3<br>Name<br><u>CHARTER TOWNSHIP OF HAMPTON</u><br>Address<br><u>801 W. CENTER RD. ESSEXVILLE, MI 48732</u><br><input type="checkbox"/> Fund Raiser | Purpose: <u>ABSENTEE MAILING LABELS</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>6-22-12</u><br>Date | <u>\$ 1.08</u>   |
| Expenditure #4<br>Name<br><u>POSTMASTER</u><br>Address<br><u>1000 WASHINGTON AVE BAY CITY, MI 48708</u><br><input type="checkbox"/> Fund Raiser                  | Purpose: <u>STAMPS</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                  | <u>6-22-12</u><br>Date | <u>\$ 256.00</u> |
| Expenditure #5<br>Name<br><u>CHARTER TOWNSHIP OF HAMPTON</u><br>Address<br><u>801 W. CENTER RD. ESSEXVILLE, MI 48732</u><br><input type="checkbox"/> Fund Raiser | Purpose: <u>ABSENTEE MAILING LABELS</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>7-5-12</u><br>Date  | <u>\$ 4.74</u>   |

Subtotal this page 590.12

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 150333  
2. Committee Name WAYNE ESTERHAM FOR HAMPTON TOWNSHIP TRUSTEE COMM.

| 3. Name and address of person or vendor to whom paid                                                                                                                 | 4. Purpose (Required Information)                                                                                                                                 | 5. Date                | 6. Amount       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------|
| Expenditure #1<br>Name <u>BAY CITY TIMES</u><br>Address <u>311 FIFTH STREET</u><br><u>BAY CITY, MI 48708</u><br><input type="checkbox"/> Fund Raiser                 | Purpose: <u>LAST WORD AD</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement            | <u>7-7-12</u><br>Date  | <u>\$ 33.00</u> |
| Expenditure #2<br>Name <u>CHARTER TOWNSHIP OF HAMPTON</u><br>Address <u>801 W. CENTER RD.</u><br><u>ESSEXVILLE, MI 48732</u><br><input type="checkbox"/> Fund Raiser | Purpose: <u>ABSENTEE MAILING LABELS</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>7-17-12</u><br>Date | <u>\$ 2.48</u>  |
| Expenditure #3<br>Name <u>POSTMASTER</u><br>Address <u>1000 WASHINGTON AVE</u><br><u>BAY CITY, MI 48708</u><br><input type="checkbox"/> Fund Raiser                  | Purpose: <u>STAMPS</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                  | <u>7-17-12</u><br>Date | <u>\$ 4.80</u>  |
| Expenditure #4<br>Name <u>CHARTER TOWNSHIP OF HAMPTON</u><br>Address <u>801 W. CENTER RD.</u><br><u>ESSEXVILLE, MI 48732</u><br><input type="checkbox"/> Fund Raiser | Purpose: <u>ABSENTEE MAILING LABELS</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>7-20-12</u><br>Date | <u>\$ 1.20</u>  |
| Expenditure #5<br>Name <u>POSTMASTER</u><br>Address <u>1000 WASHINGTON AVE</u><br><u>BAY CITY, MI 48708</u><br><input type="checkbox"/> Fund Raiser                  | Purpose: <u>STAMPS</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                  | <u>7-20-12</u><br>Date | <u>\$ 4.48</u>  |

Subtotal this page 45.96

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) 636.08

Enter this total  
on line 8a of  
Summary Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150333

2. Committee Name WAYNE ESTERHAJ FOR HAMPTON TOWNSHIP TRUSTEE COMMITTEE

| 3. Name and address of person or vendor to whom paid                                                                                                       | 4. Purpose (Required Information)                                                                                                                                 | 5. Date        | 6. Amount       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------|
| Expenditure #1<br>Name <u>CHARTER TOWNSHIP OF HAMPTON</u><br>Address <u>801 W. CENTER RD. ESSEXVILLE, MI 48732</u><br><input type="checkbox"/> Fund Raiser | Purpose: <u>ABSENTEE MAILING LABEL</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement  | <u>7-27-12</u> | \$ <u>2.46</u>  |
| Expenditure #2<br>Name <u>POSTMASTER</u><br>Address <u>1000 WASHINGTON AVE BAY CITY, MI 48708</u><br><input type="checkbox"/> Fund Raiser                  | Purpose: <u>STAMPS</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                  | <u>7-27-12</u> | \$ <u>9.28</u>  |
| Expenditure #3<br>Name <u>SHIRTS, MUGS &amp; MORE</u><br>Address <u>2728 CENTER AVE ESSEXVILLE, MI 48732</u><br><input type="checkbox"/> Fund Raiser       | Purpose: <u>PRINTING ON 3 SHIRTS</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement    | <u>7-30-12</u> | \$ <u>25.44</u> |
| Expenditure #4<br>Name <u>CHARTER TOWNSHIP OF HAMPTON</u><br>Address <u>801 W. CENTER RD. ESSEXVILLE, MI 48732</u><br><input type="checkbox"/> Fund Raiser | Purpose: <u>ABSENTEE MAILING LABELS</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>8-1-12</u>  | \$ <u>1.14</u>  |
| Expenditure #5<br>Name <u>POSTMASTER</u><br>Address <u>1000 WASHINGTON AVE BAY CITY, MI 48708</u><br><input type="checkbox"/> Fund Raiser                  | Purpose: <u>STAMPS</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                  | <u>8-1-12</u>  | \$ <u>3.52</u>  |

Subtotal this page 41.84

Grand Total of all Schedules 1B (Complete on last page of Schedule) 677.92

Enter this total on line 8a of Summary Page



ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 150.333

2. Committee Name WAYNE ESTERHAM FOR HAMPTON TOWNSHIP TRUSTEE COMM.

| 3. Name and address of person or vendor to whom paid                                                                                                                              | 4. Purpose (Required Information)                                                                                                                                                                   | 5. Date               | 6. Amount        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------|
| Expenditure #1<br>Name<br>Address <u>BAY CITY TIMES</u><br><u>311 FIFTH ST.</u><br><u>BAY CITY, MI. 48708</u><br><input type="checkbox"/> Fund Raiser                             | Purpose: <u>LAST WORD AD</u><br>Click Here for Memo Itemization Type<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement      | <u>8-1-12</u><br>Date | \$ <u>102.00</u> |
| Expenditure #2<br>Name<br>Address <u>SUMMIT PRINTING</u><br><u>205 4TH STREET</u><br><u>BAY CITY, MI. 48708</u><br><input type="checkbox"/> Fund Raiser                           | Purpose: <u>HANDOUT POSTCARDS</u><br>Click Here for Memo Itemization Type<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>8-2-12</u><br>Date | \$ <u>65.50</u>  |
| Expenditure #3<br>Name<br>Address <u>SUBWAY</u><br><u>1587 W. CENTER RD</u><br><u>BAY CITY, MI. 48708</u><br><u>ESSEXVILLE, MI. 48732</u><br><input type="checkbox"/> Fund Raiser | Purpose: <u>SANDWICHES</u><br>Click Here for Memo Itemization Type<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement        | <u>8-7-12</u><br>Date | \$ <u>30.67</u>  |
| Expenditure #4<br>Name<br>Address <u>BAY CITY TIMES</u><br><u>311 FIFTH ST.</u><br><u>BAY CITY, MI. 48708</u><br><input type="checkbox"/> Fund Raiser                             | Purpose: <u>LAST WORD AD.</u><br>Click Here for Memo Itemization Type<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement     | <u>8-8-12</u><br>Date | \$ <u>38.00</u>  |
| Expenditure #5<br>Name<br>Address <u>GRAMPA TONY'S</u><br><u>1108 COLUMBUS AVE</u><br><u>BAY CITY, MI. 48708</u><br><input type="checkbox"/> Fund Raiser                          | Purpose: <u>PIZZA FOR WORKERS</u><br>Click Here for Memo Itemization Type<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>8-8-12</u><br>Date | \$ <u>93.10</u>  |

Subtotal this page 319.27

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) 997.19

Enter this total  
on line 8a of  
Summary Page



ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 150333

2. Committee Name WAYNE ESTERHAI FOR HAMPTON TOWNSHIP TRUSTEE COMMITTEE

| 3. Name and address of person or vendor to whom paid                                                                                                                            | 4. Purpose (Required Information)                                                                                                                                 | 5. Date                | 6. Amount                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------|
| Expenditure #1<br>Name <u>SIGN DEPOT</u><br>Address <u>1813 E. COLONIAL DR.</u><br><u>ORLANDO, FL.</u><br><u>32803</u><br><input type="checkbox"/> Fund Raiser                  | Purpose: <u>SIENS</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                   | <u>9-17-12</u><br>Date | <u>\$ 350.00</u><br>Amount |
| Expenditure #2<br>Name <u>STAPLES</u><br>Address <u>4021 N. EUCLID AVE</u><br><u>BAY CITY, MI.</u><br><u>48706</u><br><input type="checkbox"/> Fund Raiser                      | Purpose: <u>POSTCARDS</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement               | <u>9-19-12</u><br>Date | <u>\$ 183.89</u><br>Amount |
| Expenditure #3<br>Name <u>CHARTER TOWNSHIP OF HAMPTON</u><br>Address <u>801 W. CENTER RD.</u><br><u>ESSEXVILLE, MI.</u><br><u>48732</u><br><input type="checkbox"/> Fund Raiser | Purpose: <u>ABSENTEE MAILING LABELS</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>9-28-12</u><br>Date | <u>\$ 63.12</u><br>Amount  |
| Expenditure #4<br>Name <u>POSTMASTER</u><br>Address <u>1000 WASHINGTON AVE</u><br><u>BAY CITY, MI.</u><br><u>48708</u><br><input type="checkbox"/> Fund Raiser                  | Purpose: <u>STAMPS</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                  | <u>9-28-12</u><br>Date | <u>\$ 256.00</u><br>Amount |
| Expenditure #5<br>Name <u>CHARTER TOWNSHIP OF HAMPTON</u><br>Address <u>801 W. CENTER RD.</u><br><u>ESSEXVILLE, MI.</u><br><u>48732</u><br><input type="checkbox"/> Fund Raiser | Purpose: <u>ABSENTEE MAILING LABELS</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10-4-12</u><br>Date | <u>\$ 4.50</u><br>Amount   |

Subtotal this page 857.51

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) 1854.70

Enter this total  
on line 8a of  
Summary Page



ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 150333

2. Committee Name WAYNE ESTERHAI FOR HAMPTON TOWNSHIP TRUSTEE COUNCIL

| 3. Name and address of person or vendor to whom paid                                                                                                                            | 4. Purpose (Required Information)                                                                                                                                 | 5. Date                 | 6. Amount       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------|
| Expenditure #1<br>Name <u>BAY CITY TIMES</u><br>Address <u>311 FIFTH ST.</u><br><u>BAY CITY, MI.</u><br><u>48708</u><br><input type="checkbox"/> Fund Raiser                    | Purpose: <u>LAST WORD AD</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement            | <u>10-8-12</u><br>Date  | <u>\$ 47.50</u> |
| Expenditure #2<br>Name <u>CHARTER TOWNSHIP OF HAMPTON</u><br>Address <u>801 W. CENTER RD.</u><br><u>ESSEXVILLE, MI.</u><br><u>48732</u><br><input type="checkbox"/> Fund Raiser | Purpose: <u>ABSENTEE MAILING LABELS</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10-9-12</u><br>Date  | <u>\$ 3.30</u>  |
| Expenditure #3<br>Name <u>POSTMASTER</u><br>Address <u>1000 WASHINGTON AVE</u><br><u>BAY CITY, MI.</u><br><u>48708</u><br><input type="checkbox"/> Fund Raiser                  | Purpose: <u>STAMPS</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                  | <u>10-10-12</u><br>Date | <u>\$ 9.60</u>  |
| Expenditure #4<br>Name <u>CHARTER TOWNSHIP OF HAMPTON</u><br>Address <u>801 W. CENTER RD</u><br><u>ESSEXVILLE, MI.</u><br><u>48732</u><br><input type="checkbox"/> Fund Raiser  | Purpose: <u>ABSENTEE MAILING LABELS</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10-15-12</u><br>Date | <u>\$ 4.32</u>  |
| Expenditure #5<br>Name <u>POSTMASTER</u><br>Address <u>1000 WASHINGTON AVE</u><br><u>BAY CITY, MI.</u><br><u>48708</u><br><input type="checkbox"/> Fund Raiser                  | Purpose: <u>STAMPS</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                  | <u>10-15-12</u><br>Date | <u>\$ 17.92</u> |

Subtotal this page 82.64

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) 193734

Enter this total  
on line 8a of  
Summary Page