



**CANDIDATE COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

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

<p>1. Committee I.D. Number <b>14074</b></p> <p>2. Committee Name <b>Tom Hickner for County Executive</b></p>	<p>3. This Statement covers From: <u>08/26/08</u> to <u>10/19/08</u></p> <p>4. Candidate Last Name <b>Hickner</b> First Name <b>Thomas</b> M.I. <b>L.</b></p> <p>4a. Office Sought Including District # or Community Served (If applicable) <b>County Executive</b></p> <p>4b. County of Residence <b>Bay County</b></p>
<p>5. Committee's Mailing Address <b>Tom Hickner PO Box 403 Bay City, MI 48707-0403</b></p> <p>Area Code and Phone <u>(989) 667-4125</u> If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</p>	<p>6. Treasurer's Name &amp; Residential Address <b>Ken Grzegorzcyk 2889 Queen Annes Ct. Bay City, MI 48706</b></p> <p>Area Code &amp; Phone <u>(989) 684-4985</u></p>
<p>7. Treasurer's Business Address <b>J &amp; K Income Tax Service 1604 22nd St. Bay City, MI 48708</b></p> <p>Area Code and Phone <u>(989) 892-2563</u></p>	<p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) <b>Marie A. Hayes 114 N. Sheridan St. Bay City, MI 48708</b></p> <p>Area Code and Phone <u>(989) 892-3986</u></p>
<p>9. TYPE OF STATEMENT</p> <p>9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Convention <input type="checkbox"/> School</p> <p><input type="checkbox"/> Special <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus <u>11/04/08</u></p> <p>9c. <input type="checkbox"/> Annual Statement ( _____ Coverage Year)</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)</p> <p>9e. <input type="checkbox"/> Dissolution of Candidate Committee</p> <p>Effective Date of Dissolution _____</p> <p>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.</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>	
<p>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.</p> <p>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.</p>	
<p>Current Treasurer or Designated Record keeper <b>Marie A. Hayes</b></p> <p>Type or Print Name</p>	<p><i>Marie A. Hayes</i> Signature</p> <p>Date <u>10/23/2008</u></p>
<p>Candidate <b>Thomas L. Hickner</b></p> <p>Type or Print Name</p>	<p><i>Thomas L. Hickner</i> Signature</p> <p>Date <u>10/23/2008</u></p>



1. Committee I.D. Number 14074

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name Tom Hickner for County Executive

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>300.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$300.00</u>	(18.) \$ <u>\$21,980.00</u>
4. Other Receipts (Schedule 1A-1, Column 6)	(4.) \$ <u>\$0.00</u>	(19.) \$ <u>\$25.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>\$300.00</u>	(20.) \$ <u>\$22,005.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$840.32</u>	(21.) \$ <u>\$5,396.26</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$21.00</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>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$21.00</u>	(23.) \$ <u>\$6,337.44</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>\$952.15</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>\$0.00</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>\$952.15</u>	(24.) \$ <u>\$10,759.66</u>
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
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 (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$5,421.49</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$300.00</u>	
	(15.) = \$ <u>\$5,721.49</u>	
15. SUBTOTAL Add lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$973.15</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>\$4,748.34</u> *	



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

1. Committee I.D. Number 14074  
2. Committee Name Tom Hickner for County Executive

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: <b>BAY COUNTY 515 CENTER AVE BAY CITY MI 48708</b>	Date of Receipt <u>09/15/08</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Refund \Rebate      Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>
Receipt #2 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate      Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate      Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate      Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate      Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate      Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____
Receipt #7 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate      Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____

Page Subtotal **\$100.00**

Grand Total of All Schedules 1A -1  
(Complete on last page of Schedule) **\$100.00**

Enter this total on  
line 4 of Summary  
Page



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

1. Committee I. D. Number 14074

**CANDIDATE COMMITTEE**

2. Committee Name Tom Hickner for County Executive

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>TOM HICKNER</b> <b>4821 E WESTGATE</b> <b>BAY CITY MI 48706</b>  If over \$100.00 cumulative, please provide: Occupation: <b>BAY COUNTY EXECUTIVE</b>  Employer Name & Business Address: <b>BAY COUNTY</b> <b>515 CENTER AVE</b> <b>BAY CITY MI 48708</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>FUNDRAISER</u>  5. Date Of Receipt: <u>09/10/08</u>  6. Vendor Name & Address: <b>JACOBS FOR SUPERVISOR</b> <b>4660 WILLOW DR</b> <b>BAY CITY MI 48706</b>  <a href="#">Click Here for Memo Itemization</a>	\$ <u>25.00</u>	\$ _____
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>TOM HICKNER</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Address:   <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>FOOD GRAY BIRTHDAY</u>  5. Date Of Receipt: <u>09/12/08</u>  6. Vendor Name & Address: <b>RATTLESNAKE RICKS</b> <b>708 SAGINAW ST</b> <b>BAY CITY MI 48708</b>  <a href="#">Click Here for Memo Itemization</a>	\$ <u>100.00</u>	\$ <u>312.00</u>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>TOM HICKNER</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Address:   <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>COMPUTER USAGE</u>  5. Date Of Receipt: <u>09/03/08</u>  6. Vendor Name & Address: <b>BUSINESS CENTER</b> <b>COMPUTER USAGE</b>  <a href="#">Click Here for Memo Itemization</a>	\$ <u>8.00</u>	\$ _____

Page Subtotal **\$133.00**

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

Enter this total  
on line 6 of Summary  
Page



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

1. Committee I. D. Number 14074

**CANDIDATE COMMITTEE**

2. Committee Name Tom Hickner for County Executive

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>TOM HICKNER</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>FUNDRAISER</u>  5. Date Of Receipt: <u>08/07/08</u> 6. Vendor Name & Address: <b>JOHN CHERRY FOR LT GOV</b> <b>4116 ORME CIRCLE</b> <b>CLIO MI 48420</b>	\$ <u>50.00</u> \$ _____	
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>TOM HICKNER</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>FOOD/REFRESHMENTS GRAY</u>  5. Date Of Receipt: <u>09/12/08</u> 6. Vendor Name & Address: <b>OLD CITY HALL</b> <b>SAGINAW ST</b> <b>BAY CITY MI 48708</b>	\$ <u>44.43</u> \$ _____	
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>TOM HICKNER</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>FUNDRAISER</u>  5. Date Of Receipt: <u>09/11/08</u> 6. Vendor Name & Address: <b>STATE THEATRE</b> <b>WASHINGTON AVE</b> <b>BAY CITY MI 48708</b>	\$ <u>70.00</u> \$ _____	

Page Subtotal **\$164.43**

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

Enter this total  
on line 6 of Summary  
Page



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

1. Committee I. D. Number 14074

**CANDIDATE COMMITTEE**

2. Committee Name Tom Hickner for County Executive

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>TOM HICKNER</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>FUNDRAISER</u>  5. Date Of Receipt: <u>09/15/08</u> 6. Vendor Name & Address: <b>ROTARY CLUB</b> <b>PO BOX 42</b> <b>BAY CITY MI 48707</b>	\$ <u>120.00</u>	\$ <u>190.00</u>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>TOM HICKNER</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>POSTAGE</u>  5. Date Of Receipt: <u>09/12/08</u> 6. Vendor Name & Address: <b>POSTMASTER</b> <b>WASHINGTON AVE</b> <b>BAY CITY MI 48707</b>	\$ <u>8.40</u>	\$ _____
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>TOM HICKNER</b>  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>LUNCH - BESON</u>  5. Date Of Receipt: <u>08/27/08</u> 6. Vendor Name & Address: <b>MULLIGANS PUB</b> <b>CENTER AVE</b> <b>BAY CITY MI 48708</b>	\$ <u>11.08</u>	\$ _____

Page Subtotal **\$139.48**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule) **\$436.91**

Enter this total  
on line 6 of Summary  
Page



**INCIDENTAL OFFICE EXPENSE  
DISBURSEMENTS  
SCHEDULE 1C  
CANDIDATE COMMITTEE**  
(For use by officeholders only)

1. Committee I. D. Number 14074  
2. Committee Name Tom Hickner for County Executive

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: <b>TOM HICKNER</b> <b>4821 E WESTGATE</b> <b>BAY CITY MI 48706</b>	Purpose <u>RE-IMBURSEMENT</u>	<u>09/15/08</u> Date	<u>\$436.91</u>
Memo Itemization Below			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> Fund Raiser		
Disbursement # 2 Name & Address: <b>JACOBS FOR SUPERVISOR</b> <b>4660 WILLOW DR</b> <b>BAY CITY MI 48706</b>	Purpose <u>FUNDRAISER TKT</u>	<u>09/10/08</u> Date	<u>\$(25.00)</u>
(Memo Itemization)			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>FO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 3 Name & Address: <b>RATTLESNAKE RICKS</b> <b>708 SAGINAW ST</b> <b>BAY CITY MI 48708</b>	Purpose <u>GRAY BIRTHDAY</u>	<u>09/12/08</u> Date	<u>\$(100.00)</u>
(Memo Itemization)			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>FO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 4 Name & Address: <b>BUSINESS CENTER</b> <b>COMPUTER CENTER</b>	Purpose <u>COMPUTER CHARGES</u>	<u>09/03/08</u> Date	<u>\$(8.00)</u>
(Memo Itemization)			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>AO</u> <input type="checkbox"/> Fund Raiser		

Subtotal this page **\$436.91**

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

Enter this total  
on line 10a of  
Summary Page

\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



**INCIDENTAL OFFICE EXPENSE  
DISBURSEMENTS  
SCHEDULE 1C  
CANDIDATE COMMITTEE**  
(For use by officeholders only)

1. Committee I. D. Number 14074  
2. Committee Name Tom Hickner for County Executive

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: <b>JOHN CHERRY FOR LT GOV</b> <b>4116 ORME CIRCLE</b> <b>CLIO MI 48420</b>	Purpose <b>FUND RAISER</b>	<b>08/07/08</b> Date (Memo Itemization)	<b>\$(50.00)</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>IO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 2 Name & Address: <b>OLD CITY HALL</b> <b>SAGINAW ST</b> <b>BAY CITY MI 48708</b>	Purpose <b>FOOD/REFRESHMENTS GRAY</b>	<b>09/12/08</b> Date (Memo Itemization)	<b>\$(44.43)</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>FO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 3 Name & Address: <b>STATE THEATRE</b> <b>WASHINGTON AVE</b> <b>BAY CITY MI 48708</b>	Purpose <b>FUNDRAISER</b>	<b>09/11/08</b> Date (Memo Itemization)	<b>\$(70.00)</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>GO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 4 Name & Address: <b>ROTARY CLUB</b> <b>PO BOX 42</b> <b>BAY CITY MI 48707</b>	Purpose <b>FUNDRAISER</b>	<b>09/15/08</b> Date (Memo Itemization)	<b>\$(120.00)</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>GO</u> <input type="checkbox"/> Fund Raiser		

Subtotal this page **\$0.00**

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

Enter this total  
on line 10a of  
Summary Page

\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



**INCIDENTAL OFFICE EXPENSE  
DISBURSEMENTS  
SCHEDULE 1C  
CANDIDATE COMMITTEE**  
(For use by officeholders only)

1. Committee I. D. Number 14074  
2. Committee Name Tom Hickner for County Executive

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: <b>POSTMASTER BAY CITY MI 48707</b>	Purpose <b>POSTAGE</b>	<b>09/12/08</b> Date	<b>\$(8.40)</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>AO</u> <input type="checkbox"/> Fund Raiser	(Memo Itemization)	
Disbursement # 2 Name & Address: <b>MULLIGANS PUB CENTER AVE BAY CITY MI 48708</b>	Purpose <b>LUNCH - BESON</b>	<b>08/27/08</b> Date	<b>\$(11.08)</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>FO</u> <input type="checkbox"/> Fund Raiser	(Memo Itemization)	
Disbursement # 3 Name & Address: <b>BAY COUNTY DEM PARTY 2341 E BEAVER RD KAWKAWLIN MI 48631</b>	Purpose <b>HOLE SPONSOR GOLF TOURNAMENT</b>	<b>09/22/08</b> Date	<b>\$75.00</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>KO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 4 Name & Address: <b>BAY CITY EDUCATION ASSOC 509 S EUCLID AVE BAY CITY MI 48706</b>	Purpose <b>HOLE SPONSOR GOLF TOURNAMENT</b>	<b>09/29/08</b> Date	<b>\$50.00</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>KO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	

Subtotal this page **\$125.00**

Grand Total of all Schedules 1C  
(Complete on last page of Schedule) **\$561.91**

Enter this total  
on line 10a of  
Summary Page

\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; incidental Office Expense Disbursements ONLY



1. Committee I.D. Number 14074

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name Tom Hickner for County Executive

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>100.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$100.00</u>	(18.) \$ <u>\$22,080.00</u>
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>	(4.) \$ <u>\$0.00</u>	(19.) \$ <u>\$25.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>\$100.00</u>	(20.) \$ <u>\$22,105.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>	(6.) \$ <u>\$436.91</u>	(21.) \$ <u>\$5,833.17</u>
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$0.00</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>	
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$ <u>\$0.00</u>	(23.) \$ <u>\$6,337.44</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>\$561.91</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>\$0.00</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>\$561.91</u>	(24.) \$ <u>\$11,321.57</u>
<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>		
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$4,748.34</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$100.00</u>	
	(15.) = \$ <u>\$4,848.34</u>	
<b>15. SUBTOTAL Add lines 13 and 14</b>		
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$ <u>\$561.91</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>\$4,286.43</u> *	