



**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 I.D. Number <u>150309</u>		3. This Statement covers From: <u>1/1/2010</u> to <u>12/31/2010</u>	
2. Committee Name <u>Cynthia Huczak Your County Clerk Bay County Clerk</u>		4. Candidate Last Name <u>HUCZAK</u> First Name <u>CYNTHIA</u> M.I. _____	
5. Committee's Mailing Address <u>808 Frost Dr. Bay City, MI 48706</u>		4a. Office Sought Including District # or Community Served (If applicable) <u>Bay County Clerk</u>	
Area Code and Phone <u>(989) 686-4288</u>		4b. County of Residence _____	
6. Treasurer's Name & Residential Address <u>same</u>		6. Treasurer's Name & Residential Address <u>same</u>	
7. Treasurer's Business Address <u>same</u>		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) <u>same</u>	
Area Code and Phone _____		Area Code & Phone _____	

FILED CO. CLERK
18TH JUDICIAL
CIRCUIT COURT
MAR 25 11 09 AM '11
BY _____

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

Primary General
 Convention School
 Special Caucus

Date of Election, Convention or Caucus _____

9c. Annual Statement (2010 Coverage Year)
9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 2010
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 Cynthia A Huczak Cynthia A Huczak Date 3/25/2011
Type or Print Name Signature

Candidate Cynthia A Huczak Cynthia A Huczak Date 3/25/2011
Type or Print Name Signature



1. Committee I.D. Number 150309

2. Committee Name Cynthia Luozak Your Clerk

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>0.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>0.00</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
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.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>501.13</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>501.13</u>	(23.) \$ _____
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.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>2,400.00</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>6,298.52</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>0.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>6,298.52</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>501.13</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>5,797.39</u> *	



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150309
2. Committee Name Cynthia Huozak Your Co Clerk

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>US Postmaster</u> Address <u>Washington Ave</u> <u>Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/1/10</u> Date	<u>\$ 88.00</u>
Expenditure #2 Name <u>US Postmaster</u> Address <u>Washington Ave</u> <u>Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/20/10</u> Date	<u>\$ 88.00</u>
Expenditure #3 Name <u>US Postmaster</u> Address <u>Washington Ave</u> <u>Bay City MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/3/10</u> Date	<u>\$ 88.00</u>
Expenditure #4 Name <u>big lots</u> Address <u>Euclid Ave.</u> <u>Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser Supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/20/10</u> Date	<u>\$ 55.73</u>
Expenditure #5 Name <u>Gordons Food Service</u> Address <u>Wilder Road</u> <u>Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser Supplies</u> <u>Paper Products</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/20/10</u> Date	<u>\$ 181.40</u>

Subtotal this page 501.13
Grand Total of all Schedules 1B (Complete on last page of Schedule) 501.13

Enter this total on line 8a of Summary Page