



**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: 7/21/08 to 8/25/08

1. Committee I.D. Number
150487

2. Committee Name
Committee to Elect Sue Pike
Monitor Township Treasurer

4. Candidate Last Name First Name M.I.
Pike Sue K.

4a. Office Sought Including District # or Community Served (If applicable)
Treasurer, Monitor Township

4b. County of Residence Bay County

5. Committee's Mailing Address
4192 Three Mile Road
Bay City, MI 48706

Area Code and Phone 989-684-4642

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
Pete Auernhammer
2756 Schwab Road
Bay City, MI 48706

Area Code & Phone 989-450-3744

7. Treasurer's Business Address

Area Code and Phone _____

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
Susan K. Pike
4192 Three Mile Road
Bay City, MI 48706

Area Code and Phone 989-684-4642

FILED
 CLERK
 SEP 4 10 0 AM '08
 BAY COUNTY
 MICHIGAN

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
8/5/08

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 Pete Auernhammer Signature [Signature] Date 9-3-08

Candidate Susan K. Pike Signature [Signature] Date 9-4-08

X



**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>0.00</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>0.00</u>	(18.) \$ <u>1595.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.09</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>0.00</u>	(20.) \$ <u>1595.09</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>701.91</u>	(21.) \$ <u>2422.23</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>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>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>0.00</u>	(23.) \$ <u>0.00</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>2422.23</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>1595.09</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>1595.09</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - <u>0.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1595.09</u> *	

NOTE: Direct contributions, in-Kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.
All required schedules must be included with this statement. *If your ending balance is negative, please recheck your math.



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

1. Committee I. D. Number 150487-0

2. Committee Name CTE Sue Pike Monitor Twsp Treas

3. Name and Address from whom received <small>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.</small>	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: Susan K. Pike Address: 4192 3 Mile Road Bay City MI 48706 If over \$100.00 cumulative, please provide: Occupation: Monitor Twsp DDA Administrator Employer: Valley Center Technology Park Business Address: 2483 E. Midland Rd. Bay City MI 48706 <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- LOAN Description <u>Postage</u> 5. Date OF RECEIPT: <u>07/21/2008</u> 6. VENDOR NAME & ADDRESS: <u>Bay City Main Post Office</u> <u>Bay City MI 48708-9998</u>	1.17	1721.49
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name: Susan K. Pike Address: 4192 3 Mile Road Bay City MI 48706 If over \$100.00 cumulative, please provide: Occupation: Monitor Twsp DDA Administrator Employer: Valley Center Technology Park Business Address: 2483 E. Midland Rd. Bay City MI 48706 <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- LOAN Description <u>Postage</u> 5. Date OF RECEIPT: <u>07/21/2008</u> 6. VENDOR NAME & ADDRESS: <u>Bay City Main Post Office</u> <u>Bay City MI 48708-9998</u>	2.16	1723.65
Contribution # 3 PAC Receipt? <input type="checkbox"/> Yes Name: Susan K. Pike Address: 4192 3 Mile Road Bay City MI 48706 If over \$100.00 cumulative, please provide: Occupation: Monitor Twsp DDA Administrator Employer: Valley Center Technology Park Business Address: 2483 E. Midland Rd. Bay City MI 48706 <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- LOAN Description <u>Postage</u> 5. Date OF RECEIPT: <u>07/26/2008</u> 6. VENDOR NAME & ADDRESS: <u>Meijer Store # 48</u> <u>2980 E. Wilder Rd</u> <u>Bay City MI 48706-9213</u>	5.94	1729.59

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

9.27

Enter this total on line 6 of Summary Page



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

1. Committee I. D. Number 150487-0
2. Committee Name CTE Sue Pike Monitor Twsp Treas

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 # 4 PAC Receipt? <input type="checkbox"/> Yes Name: Susan K. Pike Address: 4192 3 Mile Road Bay City MI 48706 If over \$100.00 cumulative, please provide: Occupation: Monitor Twsp DDA Administrator Employer: Valley Center Technology Park Business Address: 2483 E. Midland Rd. Bay City MI 48706 <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- LOAN Description <u>Postage</u> 5. Date OF RECEIPT: <u>07/28/2008</u> 6. VENDOR NAME & ADDRESS: <u>Bay City Main Post Office</u> <u>Bay City MI 48708-9998</u>	3.24	1732.83
Contribution # 5 PAC Receipt? <input type="checkbox"/> Yes Name: Susan K. Pike Address: 4192 3 Mile Road Bay City MI 48706 If over \$100.00 cumulative, please provide: Occupation: Monitor Twsp DDA Administrator Employer: Valley Center Technology Park Business Address: 2483 E. Midland Rd. Bay City MI 48706 <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- LOAN Description <u>Postage</u> 5. Date OF RECEIPT: <u>07/29/2008</u> 6. VENDOR NAME & ADDRESS: <u>Meijer Store # 48</u> <u>2980 E. Wilder Rd</u> <u>Bay City MI 48706-9213</u>	3.51	1736.34
Contribution # 6 PAC Receipt? <input type="checkbox"/> Yes Name: Susan K. Pike Address: 4192 3 Mile Road Bay City MI 48706 If over \$100.00 cumulative, please provide: Occupation: Monitor Twsp DDA Administrator Employer: Valley Center Technology Park Business Address: 2483 E. Midland Rd. Bay City MI 48706 <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- LOAN Description <u>Postage</u> 5. Date OF RECEIPT: <u>07/30/2008</u> 6. VENDOR NAME & ADDRESS: <u>Meijer Store # 48</u> <u>2980 E. Wilder Rd</u> <u>Bay City MI 48706-9213</u>	1.62	1737.96

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

8.37

Enter this total on line 6 of Summary Page



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

1. Committee I. D. Number 150487-0

2. Committee Name CTE Sue Pike Monitor Twsp Treas

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 # 7 PAC Receipt? <input type="checkbox"/> Yes Name: Susan K. Pike Address: 4192 3 Mile Road Bay City MI 48706 If over \$100.00 cumulative, please provide: Occupation: Monitor Twsp DDA Administrator Employer: Valley Center Technology Park Business Address: 2483 E. Midland Rd. Bay City MI 48706 <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- LOAN Description <u>Mileage-521 miles @ .585 various in twsp</u> 5. Date OF RECEIPT: <u>07/31/2008</u> 6. VENDOR NAME & ADDRESS: _____	304.78	2042.74
Contribution # 8 PAC Receipt? <input type="checkbox"/> Yes Name: Susan K. Pike Address: 4192 3 Mile Road Bay City MI 48706 If over \$100.00 cumulative, please provide: Occupation: Monitor Twsp DDA Administrator Employer: Valley Center Technology Park Business Address: 2483 E. Midland Rd. Bay City MI 48706 <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- LOAN Description <u>Postage</u> 5. Date OF RECEIPT: <u>08/01/2008</u> 6. VENDOR NAME & ADDRESS: <u>Meijer Store # 48</u> <u>2980 E. Wilder Rd</u> <u>Bay City MI 48706-9213</u>	3.24	2045.98
Contribution # 9 PAC Receipt? <input type="checkbox"/> Yes Name: Susan K. Pike Address: 4192 3 Mile Road Bay City MI 48706 If over \$100.00 cumulative, please provide: Occupation: Monitor Twsp DDA Administrator Employer: Valley Center Technology Park Business Address: 2483 E. Midland Rd. Bay City MI 48706 <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- LOAN Description <u>Accounting fees</u> 5. Date OF RECEIPT: <u>08/04/2008</u> 6. VENDOR NAME & ADDRESS: <u>Burnside and Lang PC</u> <u>5915 Eastman Ave</u> <u>Suite 100</u> <u>Midland MI 48640</u>	328.75	2374.73

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

636.77

Enter this total
on line 6 of
Summary
Page



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

1. Committee I.D. Number 150487-0

2. Committee Name CTE Sue Pike Monitor Twsp Treas

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 (Indicate type and you may assign an expenditure code) 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: Susan K. Pike 4192 3 Mile Road Bay City MI 48706	4. Type: <u>Voter mailing list</u> Code _____ 5. Date Debt Was Incurred: <u>04/30/2008</u> 6. Original Amount of Debt: \$ <u>13.50</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	0.00	13.50 <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: Susan K. Pike 4192 3 Mile Road Bay City MI 48706	4. Type: <u>Mailing labels, business cards</u> Code _____ 5. Date Debt Was Incurred: <u>05/14/2008</u> 6. Original Amount of Debt: \$ <u>35.81</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	0.00	35.81 <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: Susan K. Pike 4192 3 Mile Road Bay City MI 48706	4. Type: <u>T-Shirts</u> Code _____ 5. Date Debt Was Incurred: <u>05/15/2008</u> 6. Original Amount of Debt: \$ <u>26.50</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	0.00	26.50 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

75.81

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee.)

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

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

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



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

1. Committee I.D. Number 150487-0

2. Committee Name CTE Sue Pike Monitor Twsp Treas

This Schedule itemizes:

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(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 (Indicate type and you may assign an expenditure code) 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 # 4 Corp? <input type="checkbox"/> Yes Owed to or by: Susan K. Pike 4192 3 Mile Road Bay City MI 48706	4. Type: <u>Copy paper</u> Code _____ 5. Date Debt Was Incurred: <u>05/20/2008</u> 6. Original Amount of Debt: \$ <u>6.35</u>	\$ _____ \$ _____ \$ _____ \$ _____	0.00	6.35 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt # 5 Corp? <input type="checkbox"/> Yes Owed to or by: Susan K. Pike 4192 3 Mile Road Bay City MI 48706	4. Type: <u>T-shirt transfers</u> Code _____ 5. Date Debt Was Incurred: <u>05/22/2008</u> 6. Original Amount of Debt: \$ <u>27.87</u>	\$ _____ \$ _____ \$ _____ \$ _____	0.00	27.87 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt # 6 Corp? <input type="checkbox"/> Yes Owed to or by: Susan K. Pike 4192 3 Mile Road Bay City MI 48706	4. Type: <u>Flyers</u> Code _____ 5. Date Debt Was Incurred: <u>05/28/2008</u> 6. Original Amount of Debt: \$ <u>279.00</u>	\$ _____ \$ _____ \$ _____ \$ _____	0.00	279.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

313.22

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee.)

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

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

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



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

1. Committee I.D. Number 150487-0

2. Committee Name CTE Sue Pike Monitor Twsp Treas

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 (Indicate type and you may assign an expenditure code) 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 # 10 Corp? <input type="checkbox"/> Yes Owed to or by: Susan K. Pike 4192 3 Mile Road Bay City MI 48706	4. Type: <u>Postcards</u> Code _____ 5. Date Debt Was Incurred: <u>06/02/2008</u> 6. Original Amount of Debt: \$ <u>427.55</u>	\$ _____ \$ _____ \$ _____ \$ _____	0.00	427.55 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt # 11 Corp? <input type="checkbox"/> Yes Owed to or by: Susan K. Pike 4192 3 Mile Road Bay City MI 48706	4. Type: <u>Postage</u> Code _____ 5. Date Debt Was Incurred: <u>06/04/2008</u> 6. Original Amount of Debt: \$ <u>89.10</u>	\$ _____ \$ _____ \$ _____ \$ _____	0.00	89.10 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt # 12 Corp? <input type="checkbox"/> Yes Owed to or by: Susan K. Pike 4192 3 Mile Road Bay City MI 48706	4. Type: <u>Yard signs</u> Code _____ 5. Date Debt Was Incurred: <u>06/13/2008</u> 6. Original Amount of Debt: \$ <u>215.00</u>	\$ _____ \$ _____ \$ _____ \$ _____	0.00	215.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

731.65

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

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

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

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



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

1. Committee I.D. Number 150487-0

2. Committee Name CTE Sue Pike Monitor Twsp Treas

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 (Indicate type and you may assign an expenditure code) 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 # 13 Corp? <input type="checkbox"/> Yes Owed to or by: Susan K. Pike 4192 3 Mile Road Bay City MI 48706	4. Type: <u>Mileage-223.5@.505, various in township</u> Code _____ 5. Date Debt Was Incurred: <u>06/30/2008</u> 6. Original Amount of Debt: \$ <u>112.87</u>	\$ _____ \$ _____ \$ _____ \$ _____	0.00	112.87 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt # 14 Corp? <input type="checkbox"/> Yes Owed to or by: Susan K. Pike 4192 3 Mile Road Bay City MI 48706	4. Type: <u>Campaign stickers</u> Code _____ 5. Date Debt Was Incurred: <u>07/02/2008</u> 6. Original Amount of Debt: \$ <u>15.36</u>	\$ _____ \$ _____ \$ _____ \$ _____	0.00	15.36 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt # 15 Corp? <input type="checkbox"/> Yes Owed to or by: Susan K. Pike 4192 3 Mile Road Bay City MI 48706	4. Type: <u>Float decorations</u> Code _____ 5. Date Debt Was Incurred: <u>07/03/2008</u> 6. Original Amount of Debt: \$ <u>16.95</u>	\$ _____ \$ _____ \$ _____ \$ _____	0.00	16.95 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

145.18

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

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

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

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



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

1. Committee I.D. Number 150487-0

2. Committee Name CTE Sue Pike Monitor Twsp Treas

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 (Indicate type and you may assign an expenditure code) 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 # 16 Corp? <input type="checkbox"/> Yes Owed to or by: Susan K. Pike 4192 3 Mile Road Bay City MI 48706 If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____	4. Type: Candy for parade Code _____ 5. Date Debt Was Incurred: <u>07/03/2008</u> 6. Original Amount of Debt: \$ <u>64.37</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	0.00	64.37 <input type="checkbox"/> FORGIVEN
Debt # 17 Corp? <input type="checkbox"/> Yes Owed to or by: Susan K. Pike 4192 3 Mile Road Bay City MI 48706 If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____	4. Type: Program Advertisement Code _____ 5. Date Debt Was Incurred: <u>07/10/2008</u> 6. Original Amount of Debt: \$ <u>75.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	0.00	75.00 <input type="checkbox"/> FORGIVEN
Debt # 18 Corp? <input type="checkbox"/> Yes Owed to or by: Susan K. Pike 4192 3 Mile Road Bay City MI 48706 If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____	4. Type: Candy for parade Code _____ 5. Date Debt Was Incurred: <u>07/11/2008</u> 6. Original Amount of Debt: \$ <u>38.68</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	0.00	38.68 <input type="checkbox"/> FORGIVEN

Page Subtotal (Outstanding debt)

178.05

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

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

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



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

1. Committee I.D. Number 150487-0

2. Committee Name CTE Sue Pike Monitor Twsp Treas

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 (Indicate type and you may assign an expenditure code) 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 # 19 Corp? <input type="checkbox"/> Yes Owed to or by: Susan K. Pike 4192 3 Mile Road Bay City MI 48706	4. Type: <u>Candy for parade</u> Code _____ 5. Date Debt Was Incurred: <u>07/12/2008</u> 6. Original Amount of Debt: \$ <u>17.54</u>	\$ _____ \$ _____ \$ _____ \$ _____	0.00	17.54 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt # 20 Corp? <input type="checkbox"/> Yes Owed to or by: Susan K. Pike 4192 3 Mile Road Bay City MI 48706	4. Type: <u>Gasoline</u> Code _____ 5. Date Debt Was Incurred: <u>07/13/2008</u> 6. Original Amount of Debt: \$ <u>10.01</u>	\$ _____ \$ _____ \$ _____ \$ _____	0.00	10.01 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt # 21 Corp? <input type="checkbox"/> Yes Owed to or by: Susan K. Pike 4192 3 Mile Road Bay City MI 48706	4. Type: <u>Postage</u> Code _____ 5. Date Debt Was Incurred: <u>07/21/2008</u> 6. Original Amount of Debt: \$ <u>1.17</u>	\$ _____ \$ _____ \$ _____ \$ _____	0.00	1.17 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

28.72

Grand Total of all Schedules 1E

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

1. Committee I.D. Number 150487-0

2. Committee Name CTE Sue Pike Monitor Twsp Treas

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Debt # 22 Corp? <input type="checkbox"/> Yes Owed to or by: Susan K. Pike 4192 3 Mile Road Bay City MI 48706 If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____	4. Type: <u>Postage</u> Code _____ 5. Date Debt Was Incurred: <u>07/21/2008</u> 6. Original Amount of Debt: \$ <u>2.16</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	0.00	2.16 <input type="checkbox"/> FORGIVEN
Debt # 23 Corp? <input type="checkbox"/> Yes Owed to or by: Susan K. Pike 4192 3 Mile Road Bay City MI 48706 If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____	4. Type: <u>Postage</u> Code _____ 5. Date Debt Was Incurred: <u>07/26/2008</u> 6. Original Amount of Debt: \$ <u>5.94</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	0.00	5.94 <input type="checkbox"/> FORGIVEN
Debt # 24 Corp? <input type="checkbox"/> Yes Owed to or by: Susan K. Pike 4192 3 Mile Road Bay City MI 48706 If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____	4. Type: <u>Postage</u> Code _____ 5. Date Debt Was Incurred: <u>07/28/2008</u> 6. Original Amount of Debt: \$ <u>3.24</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	0.00	3.24 <input type="checkbox"/> FORGIVEN

Page Subtotal (Outstanding debt)

11.34

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee.)

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

1. Committee I.D. Number 150487-0

2. Committee Name CTE Sue Pike Monitor Twsp Treas

This Schedule itemizes:

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Debt # 28 Corp? <input type="checkbox"/> Yes Owed to or by: Susan K. Pike 4192 3 Mile Road Bay City MI 48706	4. Type: <u>Postage</u> Code _____ 5. Date Debt Was Incurred: <u>08/01/2008</u> 6. Original Amount of Debt: \$ <u>3.24</u>	\$ _____ \$ _____ \$ _____ \$ _____	0.00	3.24 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt # 29 Corp? <input type="checkbox"/> Yes Owed to or by: Susan K. Pike 4192 3 Mile Road Bay City MI 48706	4. Type: <u>Accounting fees</u> Code _____ 5. Date Debt Was Incurred: <u>08/04/2008</u> 6. Original Amount of Debt: \$ <u>328.75</u>	\$ _____ \$ _____ \$ _____ \$ _____	0.00	328.75 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt # 30 Corp? <input type="checkbox"/> Yes Owed to or by: Susan K. Pike 4192 3 Mile Road Bay City MI 48706	4. Type: <u>Newspaper advertisement</u> Code _____ 5. Date Debt Was Incurred: <u>08/08/2008</u> 6. Original Amount of Debt: \$ <u>47.50</u>	\$ _____ \$ _____ \$ _____ \$ _____	0.00	47.50 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

379.49

Grand Total of all Schedules 1E
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2422.23

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