



**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: 1/01/2008 to 07/20/2008

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

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

4b. County of Residence Bay County

6. Treasurer's Name & Residential Address  
Pete Auernhammer  
2756 Schwab Road  
Bay City, MI 48706

Area Code & Phone 989-450-3744

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

Area Code and Phone 989-684-4642

FILED CO. CLERK  
 1874  
 CIRCUIT CLERK  
 JUL 24 4 44 PM '08  
 BY \_\_\_\_\_

1. Committee I.D. Number  
150487

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

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.

7. Treasurer's Business Address

Area Code and Phone \_\_\_\_\_

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

Primary  General

Convention  School

Special  Caucus

Date of Election, Convention or Caucus  
08/05/2008

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 7-24-08

Candidate Susan K. Pike Signature [Signature] Date 7-24-08



**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>1595.00</u>   |   |
| b. Unitemized (less than \$20.01 each - no Schedule)  | (3b.) \$ <u>0.00</u>      |   |
| c. Subtotal of "Contributions"  | (3c.) \$ <u>1595.00</u>   | (18.) \$ <u>1595.00</u>                     |
| <b>4. Other Receipts (Schedule 1A -1, Column 6)</b>   | (4.) \$ <u>0.09</u>       | (19.) \$ <u>0.09</u>                        |
| <b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b><br>(Add Line 3c + Line 4)                      | (5.) \$ <u>1595.09</u>    | (20.) \$ <u>1595.09</u>                     |
| <b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>   |                           |   |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7)  | (6.) \$ <u>1720.32</u>    | (21.) \$ <u>1720.32</u>                     |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6)  | (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</b> (Add Line 8a + Line 8b + Line 8c)                                  | (9.) \$ <u>0.00</u>       | (23.) \$ <u>0.00</u>                        |
| <b>INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Officeholders Only)                                 |                           |   |
| <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.) \$ <u>0.00</u>     |   |
| <b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Add Line 10a + Line 10b)                  | (11.) \$ <u>0.00</u>      | (24.) \$ <u>0.00</u>                        |
| <b>DEBTS AND OBLIGATIONS</b>  |                           |   |
| <b>12. Debts and Obligations</b>  |                           |   |
| a. Owed <b>by</b> the Committee (Schedule 1E)   | (12a.) \$ <u>1720.32</u>  |   |
| b. Owed <b>to</b> 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>1595.09</u>    |   |
| 15. SUBTOTAL Add Lines 13 and 14  | (15.) = <u>1595.09</u>    |   |
| 16. Amount expended during reporting period<br>(Add lines 9 and 11)                             | (16.) - <u>0.00</u>       |   |
| 17. ENDING BALANCE<br>(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 CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

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

| Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.   | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|-----------|---|
| 3. Contribution # <u>1</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/19/2008</u><br>Name: Roberta Dinauer<br>Address: 235 Applewood Circle<br>Melbourne FL 32940<br><b>5. If over \$100.00 cumulative, please provide:</b><br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | 100.00    | 100.00  |
| 3. Contribution # <u>2</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/28/2008</u><br>Name: Mark F. Delestowicz<br>Address: 2453 Dewyse Rd.<br>Bay City MI 48708<br><b>5. If over \$100.00 cumulative, please provide:</b><br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser   | 20.00     | 20.00   |
| 3. Contribution # <u>3</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/04/2008</u><br>Name: William A. Kramer<br>Address: 5682 Michael Drive<br>Bay City MI 48706<br><b>5. If over \$100.00 cumulative, please provide:</b><br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser  | 50.00     | 50.00   |
| 3. Contribution # <u>4</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/12/2008</u><br>Name: Joann Grappin<br>Address: 4180 Three Mile Rd.<br>Bay City MI 48706<br><b>5. If over \$100.00 cumulative, please provide:</b><br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser     | 25.00     | 25.00   |
| Page Subtotal<br>Grand Total of All Schedules 1A<br>(Complete on last page of Schedule)   | 195.00    |   |

Enter this total on  
line 3a of  
Summary Page



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150487-0

2. Committee Name CTE Sue Pike Monitor Twsp Treas

| Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.  | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt ) |
|---|-----------|--|
| 3. Contribution # <u>5</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/23/2008</u><br>Name: Chris Tardiff<br>Address: 4202 Three Mile Rd.<br>Bay City MI 48706<br><b>5. If over \$100.00 cumulative, please provide:</b><br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser   | 100.00    | 100.00   |
| 3. Contribution # <u>6</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/26/2008</u><br>Name: Nancy M. Carmona<br>Address: 5757 Two Mile Rd.<br>Bay City MI 48706<br><b>5. If over \$100.00 cumulative, please provide:</b><br>Occupation <u>CEO</u> Employer <u>Sunshine Distributors</u><br>Business Address <u>6004 West Side Saginaw Rd. Bay City MI 48706</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser  | 250.00    | 250.00   |
| 3. Contribution # <u>7</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/27/2008</u><br>Name: Bonnie Lee Robinson<br>Address: 5152 Berneda Dr.<br>Flint MI 48506-1588<br><b>5. If over \$100.00 cumulative, please provide:</b><br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser  | 100.00    | 100.00   |
| 3. Contribution # <u>8</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/01/2008</u><br>Name: Charles A. Pinkerton III<br>Address: 1424 Straits Drive<br>Bay City MI 48706<br><b>5. If over \$100.00 cumulative, please provide:</b><br>Occupation <u>Owner</u> Employer <u>Straits Corporation</u><br>Business Address <u>1424 Straits Drive Bay City MI 48706</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | 250.00    | 250.00   |
| Page Subtotal<br>Grand Total of All Schedules 1A<br>(Complete on last page of Schedule)   | 700.00    |  |

Enter this total on line 3a of Summary Page



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

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

| Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.  | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt ) |
|---|-----------|--|
| 3. Contribution # <u>9</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/01/2008</u><br><br>Name: <u>James Pitz</u><br>Address: <u>5601 Pondview</u><br><u>Midland MI 48640</u><br><b>5. If over \$100.00 cumulative, please provide:</b><br>Occupation <u>COO</u> Employer <u>Straits Corporation</u><br><br>Business <u>1424 Straits Drive</u><br>Address <u>Bay City MI 48706</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | 250.00    | 250.00   |
| 3. Contribution # <u>10</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/09/2008</u><br><br>Name: <u>Kay Fannin</u><br>Address: <u>3322 Old Kawkawlin Drive</u><br><u>Bay City MI 48706</u><br><b>5. If over \$100.00 cumulative, please provide:</b><br>Occupation _____      Employer _____<br><br>Business _____<br>Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser  | 100.00    | 100.00   |
| 3. Contribution # <u>11</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/19/2008</u><br><br>Name: <u>Pat O'Brien</u><br>Address: <u>4687 Four Mile</u><br><u>Bay City MI 48706</u><br><b>5. If over \$100.00 cumulative, please provide:</b><br>Occupation <u>CEO</u> Employer <u>Emcor, Inc.</u><br><br>Business <u>4687 Four Mile Road</u><br>Address <u>Bay City MI 48706</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser    | 350.00    | 350.00   |

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

|         |
|---------|
| 700.00  |
| 1595.00 |

Enter this total on  
line 3a 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<br>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)<br>5. Date of Receipt<br>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<br>Name: Susan K. Pike<br>Address:<br>4192 3 Mile Road<br>Bay City MI 48706<br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation:<br><br>Employer:<br><br>Business Address:<br><br><input type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br><br>Description <u>Voter mailing list</u><br><br>5. Date OF RECEIPT: <u>04/30/2008</u><br>6. <b>VENDOR NAME &amp; ADDRESS:</b> <u>Bay County Clerk</u><br><u>515 Center Ave</u><br><br><u>Bay City MI 48708</u>                 | 13.50                          | 13.50   |
| Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes<br>Name: Susan K. Pike<br>Address:<br>4192 3 Mile Road<br>Bay City MI 48706<br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation:<br><br>Employer:<br><br>Business Address:<br><br><input type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br><br>Description <u>Mailing labels, business cards</u><br><br>5. Date OF RECEIPT: <u>05/14/2008</u><br>6. <b>VENDOR NAME &amp; ADDRESS:</b> <u>Staples-Bay City</u><br><u>4021 N. Euclid Ave</u><br><br><u>Bay City MI 48706</u> | 35.81                          | 49.31   |
| Contribution # 3 PAC Receipt? <input type="checkbox"/> Yes<br>Name: Susan K. Pike<br>Address:<br>4192 3 Mile Road<br>Bay City MI 48706<br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation:<br><br>Employer:<br><br>Business Address:<br><br><input type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br><br>Description <u>T-Shirts</u><br><br>5. Date OF RECEIPT: <u>05/15/2008</u><br>6. <b>VENDOR NAME &amp; ADDRESS:</b> <u>Shirts Mugs and More</u><br><u>2911 W. Center</u><br><br><u>Essexville MI 48732</u>                     | 26.50                          | 75.81   |

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

75.81

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<br>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)<br>5. Date of Receipt<br>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<br>Name: Susan K. Pike<br>Address:<br>4192 3 Mile Road<br>Bay City MI 48706<br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation:<br>Employer:<br>Business Address:<br><br><input type="checkbox"/> Fund Raiser Contribution   | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <u>Copy paper</u><br>5. Date OF RECEIPT: <u>05/20/2008</u><br>6. <b>VENDOR NAME &amp; ADDRESS:</b> <u>Staples-Bay City</u><br><u>4021 N. Euclid Ave</u><br><br><u>Bay City MI 48706</u>        | 6.35                           | 82.16   |
| Contribution # 5 PAC Receipt? <input type="checkbox"/> Yes<br>Name: Susan K. Pike<br>Address:<br>4192 3 Mile Road<br>Bay City MI 48706<br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation: <u>Monitor Twsp DDA Administrator</u><br>Employer: <u>Valley Center Technology Park</u><br>Business Address:<br><u>2483 E. Midland Rd.</u><br><br>Bay City MI 48706<br><input type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <u>T-shirt transfers</u><br>5. Date OF RECEIPT: <u>05/22/2008</u><br>6. <b>VENDOR NAME &amp; ADDRESS:</b> <u>Staples-Bay City</u><br><u>4021 N. Euclid Ave</u><br><br><u>Bay City MI 48706</u> | 27.87                          | 110.03  |
| Contribution # 6 PAC Receipt? <input type="checkbox"/> Yes<br>Name: Susan K. Pike<br>Address:<br>4192 3 Mile Road<br>Bay City MI 48706<br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation: <u>Monitor Twsp DDA Administrator</u><br>Employer: <u>Valley Center Technology Park</u><br>Business Address:<br><u>2483 E. Midland Rd.</u><br><br>Bay City MI 48706<br><input type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <u>Flyers</u><br>5. Date OF RECEIPT: <u>05/28/2008</u><br>6. <b>VENDOR NAME &amp; ADDRESS:</b> <u>O.J. Advertising</u><br><u>509 Center Ave</u><br><br><u>Bay City MI 48708</u>                | 279.00                         | 389.03  |

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

313.22

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<br><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)<br>5. Date of Receipt<br>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<br>Name: Susan K. Pike<br>Address:<br>4192 3 Mile Road<br>Bay City MI 48706<br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation: Monitor Twsp DDA Administrator<br>Employer: Valley Center Technology Park<br>Business Address:<br>2483 E. Midland Rd.<br>Bay City MI 48706<br><input type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <u>Sign supplies</u><br>5. Date OF RECEIPT: <u>05/28/2008</u><br>6. <b>VENDOR NAME &amp; ADDRESS:</b> <u>Tractor Supply Co.</u><br><u>5555 Bay Road</u><br><u>Saginaw MI 48604</u>         | 3.49                           | 392.52  |
| Contribution # 8 PAC Receipt? <input type="checkbox"/> Yes<br>Name: Susan K. Pike<br>Address:<br>4192 3 Mile Road<br>Bay City MI 48706<br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation: Monitor Twsp DDA Administrator<br>Employer: Valley Center Technology Park<br>Business Address:<br>2483 E. Midland Rd.<br>Bay City MI 48706<br><input type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <u>Sign supplies</u><br>5. Date OF RECEIPT: <u>05/28/2008</u><br>6. <b>VENDOR NAME &amp; ADDRESS:</b> <u>The Home Depot-Saginaw</u><br><u>3132 Bueker Drive</u><br><u>Saginaw MI 48604</u> | 30.37                          | 422.89  |
| Contribution # 9 PAC Receipt? <input type="checkbox"/> Yes<br>Name: Susan K. Pike<br>Address:<br>4192 3 Mile Road<br>Bay City MI 48706<br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation: Monitor Twsp DDA Administrator<br>Employer: Valley Center Technology Park<br>Business Address:<br>2483 E. Midland Rd.<br>Bay City MI 48706<br><input type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <u>Yard signs</u><br>5. Date OF RECEIPT: <u>05/29/2008</u><br>6. <b>VENDOR NAME &amp; ADDRESS:</b> <u>Higher Image</u><br><u>8050 Hawk Drive</u><br><u>Bay City MI 48623</u>               | 215.00                         | 637.89  |

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

248.86

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<br><br>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)<br><br>5. Date of Receipt<br><br>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 # 10 PAC Receipt? <input type="checkbox"/> Yes<br>Name: Susan K. Pike<br>Address:<br>4192 3 Mile Road<br>Bay City MI 48706<br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation: Monitor Twsp DDA Administrator<br>Employer: Valley Center Technology Park<br>Business Address:<br>2483 E. Midland Rd.<br>Bay City MI 48706<br><input type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <u>Postcards</u><br>5. Date OF RECEIPT: <u>06/02/2008</u><br>6. <b>VENDOR NAME &amp; ADDRESS:</b> <u>O.J. Advertising</u><br><u>509 Center Ave</u><br><u>Bay City MI 48708</u> | 427.55                         | 1065.44   |
| Contribution # 11 PAC Receipt? <input type="checkbox"/> Yes<br>Name: Susan K. Pike<br>Address:<br>4192 3 Mile Road<br>Bay City MI 48706<br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation: Monitor Twsp DDA Administrator<br>Employer: Valley Center Technology Park<br>Business Address:<br>2483 E. Midland Rd.<br>Bay City MI 48706<br><input type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <u>Postage</u><br>5. Date OF RECEIPT: <u>06/04/2008</u><br>6. <b>VENDOR NAME &amp; ADDRESS:</b> <u>Bay City Main Post Office</u><br><u>Bay City MI 48708-9998</u>              | 89.10                          | 1154.54   |
| Contribution # 12 PAC Receipt? <input type="checkbox"/> Yes<br>Name: Susan K. Pike<br>Address:<br>4192 3 Mile Road<br>Bay City MI 48706<br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation: Monitor Twsp DDA Administrator<br>Employer: Valley Center Technology Park<br>Business Address:<br>2483 E. Midland Rd.<br>Bay City MI 48706<br><input type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <u>Yard signs</u><br>5. Date OF RECEIPT: <u>06/13/2008</u><br>6. <b>VENDOR NAME &amp; ADDRESS:</b> <u>Higher Image</u><br><u>8050 Hawk Drive</u><br><u>Bay City MI 48623</u>   | 215.00                         | 1369.54   |

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

731.65

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<br>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)<br>5. Date of Receipt<br>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 # 13 PAC Receipt? <input type="checkbox"/> Yes<br>Name: Susan K. Pike<br>Address:<br>4192 3 Mile Road<br>Bay City MI 48706<br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation: Monitor Twsp DDA Administrator<br>Employer: Valley Center Technology Park<br>Business Address:<br>2483 E. Midland Rd.<br>Bay City MI 48706<br><input type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <u>Mileage-223.5@.505, various in township</u><br>5. Date OF RECEIPT: <u>06/30/2008</u><br>6. <b>VENDOR NAME &amp; ADDRESS:</b> _____   | 112.87                         | 1482.41   |
| Contribution # 14 PAC Receipt? <input type="checkbox"/> Yes<br>Name: Susan K. Pike<br>Address:<br>4192 3 Mile Road<br>Bay City MI 48706<br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation: Monitor Twsp DDA Administrator<br>Employer: Valley Center Technology Park<br>Business Address:<br>2483 E. Midland Rd.<br>Bay City MI 48706<br><input type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <u>Campaign stickers</u><br>5. Date OF RECEIPT: <u>07/02/2008</u><br>6. <b>VENDOR NAME &amp; ADDRESS:</b> <u>Rush Office Outfitters</u><br><u>1313 N. Johnson</u><br><u>Bay City MI 48708</u> | 15.36                          | 1497.77   |
| Contribution # 15 PAC Receipt? <input type="checkbox"/> Yes<br>Name: Susan K. Pike<br>Address:<br>4192 3 Mile Road<br>Bay City MI 48706<br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation: Monitor Twsp DDA Administrator<br>Employer: Valley Center Technology Park<br>Business Address:<br>2483 E. Midland Rd.<br>Bay City MI 48706<br><input type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <u>Float decorations</u><br>5. Date OF RECEIPT: <u>07/03/2008</u><br>6. <b>VENDOR NAME &amp; ADDRESS:</b> <u>Dollar Daze-Bay City</u><br><u>950 N. Euclid Rd.</u><br><u>Bay City MI 48706</u> | 16.95                          | 1514.72   |

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

145.18

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<br><br>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)   | 7. Amount or Fair Market Value | 8. Cumulative for Election Cycle (Through date in Item 5) |
|---|--|--------------------------------|---|
| Contribution # 16 PAC Receipt? <input type="checkbox"/> Yes<br>Name: Susan K. Pike<br>Address:<br>4192 3 Mile Road<br>Bay City MI 48706<br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation: Monitor Twsp DDA Administrator<br>Employer: Valley Center Technology Park<br>Business Address:<br>2483 E. Midland Rd.<br>Bay City MI 48706<br><input type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <u>Candy for parade</u><br>5. Date OF RECEIPT: <u>07/03/2008</u><br>6. <b>VENDOR NAME &amp; ADDRESS:</b> <u>Candy Warehouse</u><br><u>5314 Third Street</u><br><u>Irwindale CA 91706</u>                      | 64.37                          | 1579.09   |
| Contribution # 17 PAC Receipt? <input type="checkbox"/> Yes<br>Name: Susan K. Pike<br>Address:<br>4192 3 Mile Road<br>Bay City MI 48706<br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation: Monitor Twsp DDA Administrator<br>Employer: Valley Center Technology Park<br>Business Address:<br>2483 E. Midland Rd.<br>Bay City MI 48706<br><input type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <u>Program Advertisement</u><br>5. Date OF RECEIPT: <u>07/10/2008</u><br>6. <b>VENDOR NAME &amp; ADDRESS:</b> <u>Auburn Summer Music Festival</u><br><u>Auburn Festival Grounds</u><br><u>Auburn MI 48611</u> | 75.00                          | 1654.09   |
| Contribution # 18 PAC Receipt? <input type="checkbox"/> Yes<br>Name: Susan K. Pike<br>Address:<br>4192 3 Mile Road<br>Bay City MI 48706<br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation: Monitor Twsp DDA Administrator<br>Employer: Valley Center Technology Park<br>Business Address:<br>2483 E. Midland Rd.<br>Bay City MI 48706<br><input type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <u>Candy for parade</u><br>5. Date OF RECEIPT: <u>07/11/2008</u><br>6. <b>VENDOR NAME &amp; ADDRESS:</b> <u>Tummy Ache</u><br><u>1116 N. Johnson</u><br><u>Bay City MI 48706</u>                              | 38.68                          | 1692.77   |

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

178.05

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<br>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)<br>5. Date of Receipt<br>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 # 19 PAC Receipt? <input type="checkbox"/> Yes<br>Name: Susan K. Pike<br>Address:<br>4192 3 Mile Road<br>Bay City MI 48706<br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation: Monitor Twsp DDA Administrator<br>Employer: Valley Center Technology Park<br>Business Address:<br>2483 E. Midland Rd.<br>Bay City MI 48706<br><input type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <u>Candy for parade</u><br>5. Date OF RECEIPT: <u>07/12/2008</u><br>6. <b>VENDOR NAME &amp; ADDRESS:</b> <u>Sam's Club - Saginaw</u><br><u>5656 Bay Road</u><br><u>Saginaw MI 48604</u> | 17.54                          | 1710.31   |
| Contribution # 20 PAC Receipt? <input type="checkbox"/> Yes<br>Name: Susan K. Pike<br>Address:<br>4192 3 Mile Road<br>Bay City MI 48706<br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation: Monitor Twsp DDA Administrator<br>Employer: Valley Center Technology Park<br>Business Address:<br>2483 E. Midland Rd.<br>Bay City MI 48706<br><input type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <u>Gasoline</u><br>5. Date OF RECEIPT: <u>07/13/2008</u><br>6. <b>VENDOR NAME &amp; ADDRESS:</b> <u>Speedway 8709</u><br><u>4950 S. Garfield</u><br><u>Auburn MI</u>                    | 10.01                          | 1720.32   |

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

27.55  
1720.32

Enter this total  
on line 6 of  
Summary  
Page



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

1. Committee I.D. Number 150487-0

2. Committee Name CTE Sue Pike Monitor Twsp Treas

| 3. Name & Address From Whom Received  | 4. Date of Receipt  | 5. Type of Receipt  | 6. Amount |
|---|---|---|-----------|
| Receipt # 1<br>Name: <b>United Bay Community C.U.</b><br><br>Address: <b>3939 N. Euclid Ave</b><br><br><b>Bay City MI 48706</b> | Date of Receipt <u>07/01/2008</u><br><br><br><br><input type="checkbox"/> Fund Raiser | <input type="checkbox"/> Loan from a Lending Institution<br><input checked="" type="checkbox"/> Interest<br><input type="checkbox"/> Refund \ Rebate<br><input type="checkbox"/> Other (Specify) Interest | 0.09      |

|  |      |
|--|------|
| Page Subtotal  | 0.09 |
| Grand Total of All Schedules 1A-1<br>(Complete on last page of Schedule) | 0.09 |

Enter this total on  
line 4 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.<br><br>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)<br><br>5. Indicate date debt was incurred<br>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<br>Owed to or by:<br>Susan K. Pike<br><br>4192 3 Mile Road<br><br>Bay City MI 48706<br><br>If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____  | 4. Type: <u>Voter mailing list</u><br>Code _____<br>5. <b>Date Debt Was Incurred:</b><br><u>04/30/2008</u><br>6. <b>Original Amount of Debt:</b><br>\$ <u>13.50</u>             | \$ _____<br>\$ _____<br>\$ _____<br>\$ _____ | 0.00                                  | 13.50<br><br><br><input type="checkbox"/> FORGIVEN                   |
| Debt # 2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br>Susan K. Pike<br><br>4192 3 Mile Road<br><br>Bay City MI 48706<br><br>If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____  | 4. Type: <u>Mailing labels, business cards</u><br>Code _____<br>5. <b>Date Debt Was Incurred:</b><br><u>05/14/2008</u><br>6. <b>Original Amount of Debt:</b><br>\$ <u>35.81</u> | \$ _____<br>\$ _____<br>\$ _____<br>\$ _____ | 0.00                                  | 35.81<br><br><br><input type="checkbox"/> FORGIVEN                   |
| Debt # 3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br>Susan K. Pike<br><br>4192 3 Mile Road<br><br>Bay City MI 48706<br><br>If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____  | 4. Type: <u>T-Shirts</u><br>Code _____<br>5. <b>Date Debt Was Incurred:</b><br><u>05/15/2008</u><br>6. <b>Original Amount of Debt:</b><br>\$ <u>26.50</u>                       | \$ _____<br>\$ _____<br>\$ _____<br>\$ _____ | 0.00                                  | 26.50<br><br><br><input type="checkbox"/> FORGIVEN                   |

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:   |  |  |                                       |  |
|---|--|--|---------------------------------------|--|
| a. <input checked="" type="checkbox"/> Debts and obligations owed <u>by</u> or forgiven the committee <b>OR</b> b. <input type="checkbox"/> Debts and obligations owed <u>to</u> or forgiven <u>by</u> the committee.<br>(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.<br><br>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)<br><br>5. Indicate date debt was incurred<br>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<br>Owed to or by:<br>Susan K. Pike<br><br>4192 3 Mile Road<br><br>Bay City MI 48706   | 4. Type: <u>Copy paper</u><br>Code _____<br>5. <b>Date Debt Was Incurred:</b><br><u>05/20/2008</u><br>6. <b>Original Amount of Debt:</b><br>\$ <u>6.35</u>         | \$ _____<br>\$ _____<br>\$ _____<br>\$ _____ | 0.00                                  | 6.35<br><br><input type="checkbox"/> FORGIVEN                        |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____  |  |  |                                       |  |
| Debt # 5 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br>Susan K. Pike<br><br>4192 3 Mile Road<br><br>Bay City MI 48706   | 4. Type: <u>T-shirt transfers</u><br>Code _____<br>5. <b>Date Debt Was Incurred:</b><br><u>05/22/2008</u><br>6. <b>Original Amount of Debt:</b><br>\$ <u>27.87</u> | \$ _____<br>\$ _____<br>\$ _____<br>\$ _____ | 0.00                                  | 27.87<br><br><input type="checkbox"/> FORGIVEN                       |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____  |  |  |                                       |  |
| Debt # 6 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br>Susan K. Pike<br><br>4192 3 Mile Road<br><br>Bay City MI 48706   | 4. Type: <u>Flyers</u><br>Code _____<br>5. <b>Date Debt Was Incurred:</b><br><u>05/28/2008</u><br>6. <b>Original Amount of Debt:</b><br>\$ <u>279.00</u>           | \$ _____<br>\$ _____<br>\$ _____<br>\$ _____ | 0.00                                  | 279.00<br><br><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.)

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

**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.



**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.<br><br>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)<br><br>5. Indicate date debt was incurred<br>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 # 7 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br>Susan K. Pike<br><br>4192 3 Mile Road<br><br>Bay City MI 48706<br><br>If bank loan, name of endorser or guarantor: _____   | 4. Type: <u>Sign supplies</u><br>Code _____<br><br>5. <u>Date Debt Was Incurred:</u><br><u>05/28/2008</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>3.49</u>  | _____ \$ _____<br>_____ \$ _____<br>_____ \$ _____<br>_____ \$ _____ | 0.00                                  | 3.49<br><br><br><br><input type="checkbox"/> FORGIVEN                |
| Debt # 8 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br>Susan K. Pike<br><br>4192 3 Mile Road<br><br>Bay City MI 48706<br><br>If bank loan, name of endorser or guarantor: _____   | 4. Type: <u>Sign supplies</u><br>Code _____<br><br>5. <u>Date Debt Was Incurred:</u><br><u>05/28/2008</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>30.37</u> | _____ \$ _____<br>_____ \$ _____<br>_____ \$ _____<br>_____ \$ _____ | 0.00                                  | 30.37<br><br><br><br><input type="checkbox"/> FORGIVEN               |
| Debt # 9 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br>Susan K. Pike<br><br>4192 3 Mile Road<br><br>Bay City MI 48706<br><br>If bank loan, name of endorser or guarantor: _____   | 4. Type: <u>Yard signs</u><br>Code _____<br><br>5. <u>Date Debt Was Incurred:</u><br><u>05/29/2008</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>215.00</u>   | _____ \$ _____<br>_____ \$ _____<br>_____ \$ _____<br>_____ \$ _____ | 0.00                                  | 215.00<br><br><br><br><input type="checkbox"/> FORGIVEN              |

Page Subtotal (Outstanding debt)

248.86

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.<br><br>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)<br><br>5. Indicate date debt was incurred<br>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<br>Owed to or by:<br>Susan K. Pike<br><br>4192 3 Mile Road<br><br>Bay City MI 48706   | 4. Type: <u>Mileage-223.5@.505, various in township</u><br>Code _____<br>5. <b>Date Debt Was Incurred:</b><br><u>06/30/2008</u><br>6. <b>Original Amount of Debt:</b><br>\$ <u>112.87</u> | \$ _____<br>\$ _____<br>\$ _____<br>\$ _____ | 0.00                                  | 112.87<br><br><input type="checkbox"/> FORGIVEN                      |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____   |   |  |                                       |  |
| Debt # 14 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br>Susan K. Pike<br><br>4192 3 Mile Road<br><br>Bay City MI 48706   | 4. Type: <u>Campaign stickers</u><br>Code _____<br>5. <b>Date Debt Was Incurred:</b><br><u>07/02/2008</u><br>6. <b>Original Amount of Debt:</b><br>\$ <u>15.36</u>                        | \$ _____<br>\$ _____<br>\$ _____<br>\$ _____ | 0.00                                  | 15.36<br><br><input type="checkbox"/> FORGIVEN                       |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____   |   |  |                                       |  |
| Debt # 15 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br>Susan K. Pike<br><br>4192 3 Mile Road<br><br>Bay City MI 48706   | 4. Type: <u>Float decorations</u><br>Code _____<br>5. <b>Date Debt Was Incurred:</b><br><u>07/03/2008</u><br>6. <b>Original Amount of Debt:</b><br>\$ <u>16.95</u>                        | \$ _____<br>\$ _____<br>\$ _____<br>\$ _____ | 0.00                                  | 16.95<br><br><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.<br><br>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)<br><br>5. Indicate date debt was incurred<br>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<br>Owed to or by:<br>Susan K. Pike<br><br>4192 3 Mile Road<br><br>Bay City MI 48706   | 4. Type: <u>Candy for parade</u><br>Code _____<br><br>5. <b>Date Debt Was Incurred:</b><br><u>07/03/2008</u><br>6. <b>Original Amount of Debt:</b><br>\$ <u>64.37</u>      | \$ _____<br>\$ _____<br>\$ _____<br>\$ _____ | 0.00                                  | 64.37<br><br><input type="checkbox"/> FORGIVEN                       |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____   |  |  |                                       |  |
| Debt # 17 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br>Susan K. Pike<br><br>4192 3 Mile Road<br><br>Bay City MI 48706   | 4. Type: <u>Program Advertisement</u><br>Code _____<br><br>5. <b>Date Debt Was Incurred:</b><br><u>07/10/2008</u><br>6. <b>Original Amount of Debt:</b><br>\$ <u>75.00</u> | \$ _____<br>\$ _____<br>\$ _____<br>\$ _____ | 0.00                                  | 75.00<br><br><input type="checkbox"/> FORGIVEN                       |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____   |  |  |                                       |  |
| Debt # 18 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br>Susan K. Pike<br><br>4192 3 Mile Road<br><br>Bay City MI 48706   | 4. Type: <u>Candy for parade</u><br>Code _____<br><br>5. <b>Date Debt Was Incurred:</b><br><u>07/11/2008</u><br>6. <b>Original Amount of Debt:</b><br>\$ <u>38.68</u>      | \$ _____<br>\$ _____<br>\$ _____<br>\$ _____ | 0.00                                  | 38.68<br><br><input type="checkbox"/> FORGIVEN                       |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____   |  |  |                                       |  |

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**

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.<br><br>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)<br><br>5. Indicate date debt was incurred<br>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<br>Owed to or by:<br>Susan K. Pike<br><br>4192 3 Mile Road<br><br>Bay City MI 48706<br><br>If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____   | 4. Type: <u>Candy for parade</u><br>Code _____<br>5. <b>Date Debt Was Incurred:</b><br><u>07/12/2008</u><br>6. <b>Original Amount of Debt:</b><br>\$ <u>17.54</u> | \$ _____<br>\$ _____<br>\$ _____<br>\$ _____ | 0.00                                  | 17.54<br><br><input type="checkbox"/> FORGIVEN                       |
| Debt # 20 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br>Susan K. Pike<br><br>4192 3 Mile Road<br><br>Bay City MI 48706<br><br>If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____   | 4. Type: <u>Gasoline</u><br>Code _____<br>5. <b>Date Debt Was Incurred:</b><br><u>07/13/2008</u><br>6. <b>Original Amount of Debt:</b><br>\$ <u>10.01</u>         | \$ _____<br>\$ _____<br>\$ _____<br>\$ _____ | 0.00                                  | 10.01<br><br><input type="checkbox"/> FORGIVEN                       |
| Debt # _____ Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br>_____<br><br>_____<br><br>_____<br><br>If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____   | 4. Type: _____<br>Code _____<br>5. <b>Date Debt Was Incurred:</b><br>_____<br>6. <b>Original Amount of Debt:</b><br>\$ _____                                      | \$ _____<br>\$ _____<br>\$ _____<br>\$ _____ |                                       | <input type="checkbox"/> FORGIVEN                                    |

Page Subtotal (Outstanding debt)

|         |
|---------|
| 27.55   |
| 1720.32 |

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