



**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: 08/26/2008 To: 10/19/2008
Mo Day Year Mo Day Year

<p>1. Committee I.D. Number 150006-1</p> <p>2. Committee Name Committee to Elect Poirier Commissioner</p>	<p>4. Candidate Last Name First Name M.I. Poirier Dennis</p> <p>4a. Office Sought Including District # or Community Served (If applicable) 9th Dist Bay Co</p> <p>4b. County of Residence Driver License # (Optional) BAY</p>
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<p>5. Committee's Mailing Address 1265 Orchard Rd Essexville MI 48732 Area Code and Phone (989) 895-8857</p> <p>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</p>	<p>6. Treasurer's Name & Residential Address Dennis Poirier 1265 Orchard Rd Essexville MI 48732 Area code & Phone (989) 895-8857 Driver License # (Optional)</p>
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<p>7. Treasurer's Business Address Area Code and Phone</p>	<p>8. Designated Recordkeeper's Name and Mailing Address (If the committee has a Designated Recordkeeper) Area Code and Phone Driver License # (Optional)</p>
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<p>9. TYPE OF STATEMENT</p> <p>9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus <u>11/04/2008</u> Month Day Year</p>	<p>9c. <input type="checkbox"/> Annual Statement (Coverage Year)</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)</p> <p>9e. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution Mon Day Year</p> <p>By checking this item, I certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>
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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 can not be waived.**

10. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Recordkeeper	<u>Dennis Poirier</u> Type or Print Name	<u>Dennis R. Poirier</u> Signature	Date <u>10 23 08</u> Mo Day Year
Candidate	<u>Dennis Poirier</u> Type or Print Name	<u>Dennis R. Poirier</u> Signature	Date <u>10/19/2008</u> Mo Day Year

Authority granted under P.A. 388 of 1976



**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>1205.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>0.00</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1205.00</u>	(18.) \$ <u>3752.97</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>100.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>1205.00</u>	(20.) \$ <u>3852.97</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</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>783.43</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>783.43</u>	(23.) \$ <u>3517.88</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>935.93</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>321.84</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + <u>1205.00</u>	
	(15.) = <u>1526.84</u>	
15. SUBTOTAL Add Lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - <u>783.43</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>743.41</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 150006-1

2. Committee Name Committee to Elect Poirier Commissioner

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>1</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/09/2008</u> Name: Bay Co Republican Comm Address: P.O. BOX 426 Bay City MI 48707-0426 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	500.00	500.00
3. Contribution # <u>2</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/09/2008</u> Name: Laurie Bush Address: 1402 Helen St Bay City MI 48708 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	25.00	50.00
3. Contribution # <u>3</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/09/2008</u> Name: Richard Milster Address: 210 Pendleton St Bay City MI 48708 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	80.00	80.00
3. Contribution # <u>4</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/10/2008</u> Name: Carl Smith Address: 110 Sharpe St Essexville MI 48732 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	100.00

Page Subtotal

705.00

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

Enter this total on
line 3a of
Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150006-1

2. Committee Name Committee to Elect Poirier Commissioner

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)
<p>3. Contribution # <u>5</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/15/2008</u></p> <p>Name: <u>Bay Co Republican Comm</u> Address: <u>P.O.BOX 426</u> <u>Bay City MI 48707-0426</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	500.00	1000.00

Page Subtotal

500.00

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

1205.00

Enter this total on
line 3a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150006-1
2. Committee Name Committee to Elect Poirier Commissioner

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 1 Name: Begick for County Comm Address: 522 N Madison Ave Bay City MI 48708 <input type="checkbox"/> Fund Raiser	Purpose: <u>ticket purchase-CK# 1004</u> Expenditure Code <u>TC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/02/2008	25.00
Expenditure # 2 Name: Bay Co Republican Comm Address: P.O.BOX 426 Bay City MI 48707-0426 <input type="checkbox"/> Fund Raiser	Purpose: <u>donation-ck# 1005</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/15/2008	200.00
Expenditure # 3 Name: Neetz Printing Inc Address: 700 S Euclid Ave Bay City MI 48706-3304 <input type="checkbox"/> Fund Raiser	Purpose: <u>postcards-ck# 1006</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/16/2008	558.43

Subtotal this page	783.43
Grand Total of all Schedules 1B (Complete on last page of Schedule)	783.43
	Enter this total on line 8a of Summary Page



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

1. Committee I.D. Number 150006-1
2. Committee Name Committee to Elect Poirier Commissioner

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: Dennis Poirier 1265 Orchard Rd Essexville MI 48732	4. Type: <u>signs pd by candidate</u> Code _____ 5. <u>Date Debt Was Incurred:</u> <u>07/08/2008</u> 6. <u>Original Amount of Debt:</u> \$ <u>435.93</u>	\$ _____ \$ _____ \$ _____ \$ _____	0.00	435.93 <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: Dennis Poirier 1265 Orchard Rd Essexville MI 48732	4. Type: <u>loan from candidate</u> Code _____ 5. <u>Date Debt Was Incurred:</u> <u>07/18/2008</u> 6. <u>Original Amount of Debt:</u> \$ <u>500.00</u>	\$ _____ \$ _____ \$ _____ \$ _____	0.00	500.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt # _____ Corp? <input type="checkbox"/> Yes Owed to or by: _____ _____ _____	4. Type: _____ Code _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____		 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

935.93

Grand Total of all Schedules 1E

935.93

(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