



**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 10-19-2015 to 11-23-2015

1. Committee I.D. Number
150590

2. Committee Name
Friends of Chad Sibley

4. Candidate Last Name Sibley First Name Chad M.I. A.

4a. Office Sought Including District # or Community Served (If applicable)
8th Ward Bay City Commissioner

4b. County of Residence Bay County

5. Committee's Mailing Address
804 Litchfield
Bay City, MI 48706
989-450-4538

Area Code and Phone 989-450-4538

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
Chad A. Sibley
804 Litchfield
Bay City, MI 48706
989-450-4538

Area Code & Phone 989-450-4538

7. Treasurer's Business Address
804 Litchfield
Bay City, MI 48706
989-450-4538

Area Code and Phone 989-450-4538

8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)
Chad Sibley
804 Litchfield
Bay City, MI 48706
989-450-4538

Area Code and Phone 989-450-4538

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

Primary

General

Convention

Special

School

Caucus

Date of Election, Convention or Caucus
Nov. 3rd, 2015

Required ONLY if candidate is not on the ballot for the current year:

July Quarterly

October Quarterly

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

By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution Nov 20 2015

BY CYNTHIA A. CECZAK

FILED CO-CLERK
18TH JUDICIAL
CIRCUIT COURT
NOV 20 2015 2:34

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

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.

Designated Treasurer or Designated Record Keeper Chad A. Sibley, Chad Sibley Date 11-20-2015

Type or Print Name Signature

Candidate Chad A. Sibley, Chad Sibley Date 11-20-2015

Type or Print Name Signature



1. Committee I.D. Number 150590
2. Committee Name Friends of Chad Sibley

**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</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>0</u>	(18.) \$ <u>839</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0</u>	(19.) \$ <u>0</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>0</u>	(20.) \$ <u>839 839</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0 1000</u>	(21.) \$ <u>250 250</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0</u>	(22.) \$ <u>0</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>727²¹</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>727²¹</u>	(23.) \$ <u>2228 2228⁶⁷</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0</u>	(24.) \$ <u>0</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>1544⁹⁵</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>0</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>1544⁹⁵</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>727²¹</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>817²⁴</u>	



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150 590
2. Committee Name Friends of Chad Sibley

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Chad Sibley</u> Address <u>804 Litchfield Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Pay off loan to Committee</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/20</u> Date	<u>\$ 727</u> ⁷¹
Expenditure #2 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Subtotal this page			<u>727</u> ⁷¹
Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>727</u> ⁷¹

Enter this total on line 8a of Summary Page



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

1. Committee I.D. Number 150590
2. Committee Name Friends of Chad Sibley

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 (Description) 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: Chad Sibley 804 Litchfield Bay City, MI 48706	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> <u>7-28-2015</u> 6. <u>Original Amount of Debt:</u> \$ <u>185²⁷</u>	11/20 \$ <u>185²⁷</u> _____ \$ _____ _____ \$ _____ _____	\$ <u>185²⁷</u>	\$ <u>0</u> <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: Chad Sibley 804 Litchfield Bay City, MI 48706	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> <u>7-28-2015</u> 6. <u>Original Amount of Debt:</u> \$ <u>27⁹⁹</u>	11/20 \$ <u>27⁹⁹</u> _____ \$ _____ _____ \$ _____ _____	\$ <u>27⁹⁹</u>	\$ <u>0</u> <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: Chad Sibley 804 Litchfield Bay City, MI 48706	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> <u>8-20-2015</u> 6. <u>Original Amount of Debt:</u> \$ <u>131²³</u>	11/20 \$ <u>131²³</u> _____ \$ _____ _____ \$ _____ _____	\$ <u>131²³</u>	\$ <u>0</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) 0
Grand Total of all Schedules 1E 0
(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

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**

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Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Chad Sibley 804 Litchfield Bay City, MI 48706	4. Type: _____ 5. Date Debt Was Incurred: <u>5-14-2015</u> 6. Original Amount of Debt: \$ <u>183⁰⁰</u>	11/20 \$ <u>183⁰⁰</u> _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	\$ <u>183⁰⁰</u>	\$ _____ <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: Chad Sibley 804 Litchfield Bay City, MI 48706	4. Type: _____ 5. Date Debt Was Incurred: <u>5-5-2015</u> 6. Original Amount of Debt: \$ <u>16⁴⁵</u>	11/20 \$ <u>16⁴⁵</u> _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	\$ <u>16⁴⁵</u>	\$ _____ <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: Chad Sibley 804 Litchfield Bay City, MI 48706	4. Type: _____ 5. Date Debt Was Incurred: <u>7-9-2015</u> 6. Original Amount of Debt: \$ <u>13²²</u>	11/20 \$ <u>13²²</u> _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	\$ <u>13²²</u>	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) 0

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee) 0

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

1. Committee I.D. Number 150590
2. Committee Name Friends of Chad Sibley

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Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Chad Sibley 804 Litchfield Bay City, MI 48706	4. Type: <u>Cash</u> 5. <u>Date Debt Was Incurred:</u> <u>7-28-2015</u> 6. <u>Original Amount of Debt:</u> \$ <u>170</u>	11/20 \$ 170 ⁰⁰ \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>170</u>	\$ _____ <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:	4. Type: _____ 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: \$ _____				

Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 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: \$ _____				

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Grand Total of all Schedules 1E 0
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