



**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: SEP 3 2 012 7/28/12 to 89/6/12

1. Committee I.D. Number
150579

2. Committee Name
Joe Davis
for County Commissioner

4. Candidate Last Name DAVIS First Name Joe M.I. F.

4a. Office Sought Including District # or Community Served (If applicable)
4TH DISTRICT COUNTY COMMISSIONER

4b. County of Residence BAY

5. Committee's Mailing Address
909 N. WENONA
BAY CITY, MI 48706

Area Code and Phone 989 860-1933

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
Laurie Tarkowski
3390 E. Beaver Rd.
BAY CITY, MI 48706

Area Code & Phone 989-577-0254

7. Treasurer's Business Address
3390 E. Beaver Rd.
BAY CITY, MI 48706

Area Code and Phone 989-577-0254

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
Joe Davis
909 N. WENONA
BAY CITY, MI 48706

Area Code and Phone 989-860-1933

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
8-7-12

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 Laurie Tarkowski Signature Laurie Tarkowski Date 9-5-12

Candidate Joe F. Davis Signature [Signature] Date 9-4-12



1. Committee I.D. Number 150579

2. Committee Name Joe Davis For County Commissioner

**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>2,575</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>2,575</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>—</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>2,575</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>126.80</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>—</u>	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>440.10</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>—</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>—</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>440.10</u>	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>—</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>—</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>—</u>	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>—</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>—</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>3,932.45</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>2,575</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>6,507.45</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>440.10</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>6,067.35</u>	



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150579
2. Committee Name JOE DAVIS For County Commissioner

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>MID MICHIGAN PRINTING</u> Address <u>Rogers Rd. Midland, MI 48640</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LIT POSTERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/31/12</u> Date	<u>\$ 310</u>
Expenditure #2 Name <u>Kleuder Design</u> Address <u>3791 E. Wilder Rd. Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Redo Campaign Sign</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-9-12</u> Date	<u>\$ 48.5</u>
Expenditure #3 Name <u>NETZ PRINTING</u> Address <u>700 S Euclid. Bay City, MI 48706</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER TICKETS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-9-12</u> Date	<u>\$ 37.10</u>
Expenditure #4 Name <u>US POSTMASTER</u> Address <u>1000 WASHINGTON AVE Bay City, MI 48708</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>POSTAGE FOR MAILING FUNDRAISER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-11-12</u> Date	<u>\$ 45.00</u>
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 _____
Grand Total of all Schedules 1B (Complete on last page of Schedule) 440.10

Enter this total on line 8a of Summary Page



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150579
2. Committee Name Joe F Davis For County Commission

Enter contributor's name and address. If contribution is from an individual, 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 regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>Harold Gill</u> <u>3030 W Riverview Dr. Bay City, MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/21/12</u>	\$ <u>25.⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: <u>Matthew Dewyer</u> <u>94 S. Huron Augres MI 48703</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/21/12</u>	\$ <u>50.⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: <u>William Miller</u> <u>1642 Townline Rd</u> <u>Auburn, 48611</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/21/12</u>	\$ <u>20.⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: <u>ANTHONY ADAMEYK</u> <u>537 E Parish Kawkawlin Mt. 48231</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/21/12</u>	\$ <u>20</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 115
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 150579

2. Committee Name Joe F. Davis For County Commission

Enter contributor's name and address. If contribution is from an individual, 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 regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>Robert Rankney</u> <u>4758 Spitler DR. Bay City, MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/21/12</u>	\$ <u>80</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: <u>Matt Lance</u> <u>304 S Johnson Bay City, MI 48708</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/21/12</u>	\$ <u>40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: <u>GARY BRANDT</u> <u>3810 S Three Mile Rd. Bay City, MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/21/12</u>	\$ <u>20</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: <u>Adam Reddick</u> <u>4012 11 Mile Rd,</u> <u>Auburn, MI 48611</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/21/12</u>	\$ <u>20</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 160
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 150579

2. Committee Name Joe F. Davis for County Commission

Enter contributor's name and address. If contribution is from an individual, 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 regardless of amount.		5. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>Joe Blata</u> <u>201 N. Chilson Bay City, MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/21/12</u>	\$ <u>20</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 Name & Address: <u>Ruby Gougeon</u> <u>241 Donnahue Bch.</u> <u>Bay City, MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/21/12</u>	\$ <u>500.⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Housewife</u> Employer <u>Retired</u>		Click Here for Memo Itemization	
Business Address <u>241 Donnahue Bch Bay City, MI 48706</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: <u>Meade A. Gougeon</u> <u>100 Patterson Ave Bay City, MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/21/12</u>	\$ <u>500.⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>Gougeon Brothers</u>		Click Here for Memo Itemization	
Business Address <u>100 Patterson Ave Bay City, MI 48706</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: <u>Alvin Ortner</u> <u>1405 King Rd.</u> <u>Frankenmuth MI 48734</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/21/12</u>	\$ <u>100.⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 4120
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 150579
2. Committee Name Joe F. Davis for County Commissioner

Enter contributor's name and address. If contribution is from an individual, 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 regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 8/21/12

Name & Address:
Helen Trelice
732 Avondale
BAY CITY MI 48706

6. Amount \$ _____ 7. Cumulative \$ 25.00

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 8/21/12

Name & Address:
Doug Trelice
732 AVONDALE
BAY CITY, MI. 48706

6. Amount \$ _____ 7. Cumulative \$ 25.00

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 8/21/12

Name & Address:
JASON GOWER
514 E. MIDLAND B.C. 48706

6. Amount \$ _____ 7. Cumulative \$ 100.00

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation Attorney Employer self

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 8/21/12

Name & Address:
Mike Rivard
840 N. GARFIELD RD. LINCOLN MI.
48634

6. Amount \$ _____ 7. Cumulative \$ 20

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 170

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 150579
2. Committee Name Joe F. Davis For County Commissioner

Enter contributor's name and address. If contribution is from an individual, 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 regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 8/21/12

Name & Address:
LYNN RIVARD
840 N. GARFIELD RD.
LINCOLN MI 48634

6. Amount \$ _____ 7. Cumulative \$ 20

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2 PAC Receipt? YES 4. Date of Receipt 8/21/12

Name & Address:
MARK POTTS
3611 Applewood Rd.
MIDLAND MI 48642

6. Amount \$ _____ 7. Cumulative \$ 100.⁰⁰

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation Dean of Business Employer SVSU

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 8/21/12

Name & Address:
Daniel L. Pletzke
1067 Shady Shore Dr.
BAY CITY, MI 48706

6. Amount \$ _____ 7. Cumulative \$ 100.⁰⁰

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation controller Employer NORTHERN CONCRETE

Business Address 401 Kelton B.C. MI 48706

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 8/21/12

Name & Address:
THOMAS WASHBAUGH
232 ATHLONE Bch
BAY CITY, MI 48706

6. Amount \$ _____ 7. Cumulative \$ 100.⁰⁰

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation President Employer NORTHERN CONCRETE

Business Address 401 Kelton B.C. MI 48706

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal

320 -

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 150579
2. Committee Name Joe F. Davis for County Commission

Enter contributor's name and address. If contribution is from an individual, 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 regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 8/21/12
Name & Address:
IVAN Miller
918 S. Birney B.C. MI 48708

\$ _____ \$ 100.⁰⁰

5. If over \$100.00 cumulative, please provide:
Occupation Loan officer Employer Execution Mortgage Click Here for Memo Itemization
Business Address 100 Midland St. Bay City, MI 48706
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 8/21/12
Name & Address:
BRANDON DeKRAIN
303 S. Erie St. Bay City MI 48706

\$ _____ \$ 10.⁰⁰

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 8/21/12
Name & Address:
VAUGHN Besick
5353 LORRAINE Cir
Bay City MI 48706

\$ _____ \$ 20.⁰⁰

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 8/21/12
Name & Address:
JIM STAMAS
1731 Blue Grass Rd.
LANSING, MI 48906

\$ 100.⁰⁰ \$ _____

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 230-
Grand Total of All Schedules 1A
(Complete on last page of Schedule)

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**ITEMIZED CONTRIBUTIONS
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3. Contribution #1 Name & Address: <u>Dennis Poirier</u> <u>1265 ORCHARD RD.</u> <u>BAY CITY, MI 48742</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/21/12</u>	\$ <u>20</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: <u>Chris Rupp</u> <u>175 S. LINCOLN RD.</u> <u>BAY CITY, MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/21/12</u>	\$ <u>25</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 Name & Address: <u>Kellie Snyder</u> <u>1204 Elm St. Bay City, MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/21/12</u>	\$ <u>20</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 Name & Address: <u>John Nyquist</u> <u>311 N. GRANT BAY CITY, MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/21/12</u>	\$ <u>20</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 85

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150 579

2. Committee Name Joe F Davis for County Commission

Enter contributor's name and address. If contribution is from an individual, 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 regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: <u>THOMAS ARMSTRONG.</u> <u>P.O. Box 73</u> <u>Hemlock MI 48626</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/21/12</u>	\$ <u>100-</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 Name & Address: <u>Roy Schaefer</u> <u>103 Parkwood CT.</u> <u>BAY CITY, MI 48708</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/21/12</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #3 Name & Address: <u>DIANNE ENGELHARDT</u> <u>4737 Beverly LN</u> <u>BAY CITY, MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/21/12</u>	\$ <u>50-</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #4 Name & Address: <u>Terrence Kelly</u> <u>164 Bay Shore Dr.</u> <u>BAY CITY, MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/21/12</u>	\$ <u>100-</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 300-

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 150 579

2. Committee Name Joe K. Davis for County Commission

Enter contributor's name and address. If contribution is from an individual, 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 regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>Kenneth Grzegorzczuk</u> <u>2889 Queen Anne's Ct.</u> <u>Bay City, MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8/21/12</u>	\$ _____	\$ <u>25-</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: <u>Art Dore</u> <u>966 E. Midland Rd.</u> <u>Bay City, MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8/21/12</u>	\$ _____	\$ <u>50-</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address:	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address:	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 75-

Grand Total of All Schedules 1A 2575-
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I. D. Number 150579
2. Committee Name JOE DAVIS FOR COUNTY COMMISSIONER

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)
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Contribution # 1 PAC Receipt? Yes

Name & Address:
ERAL BOVIN
100 E. MIDLAND ST
BAY CITY, MI 48706
If over \$100.00 cumulative, please provide:
Occupation:

Employer Name & Business Address:

4. Endorsement or Guarantee of Bank Loan
 Goods Donated or Loaned Services Donated
 Goods or Services Purchased by Candidate or Others
 Goods or Services Purchased by Candidate or Others- LOAN

Description HOT Dogs, Hamburg, Buns

5. Date Of Receipt: 8-21-12

6. Vendor Name & Address:

7. Amount or Fair Market Value: \$ 80.00 \$

Click Here for Memo Itemization

Fund Raiser Contribution

Contribution # 2 PAC Receipt? Yes

Name & Address:
JOE DAVIS
909 N. WENONA
BAY CITY, MI 48706
If over \$100.00 cumulative, please provide:
Occupation:

Employer Name & Address:

4. Endorsement or Guarantee of Bank Loan
 Goods Donated or Loaned Services Donated
 Goods or Services Purchased by Candidate or Others
 Goods or Services Purchased by Candidate or Others- LOAN

Description POP & ICED TEA

5. Date Of Receipt: 8/21/12

6. Vendor Name & Address:

7. Amount or Fair Market Value: \$ 46.50 \$

Click Here for Memo Itemization

Fund Raiser Contribution

Contribution #3 PAC Receipt? Yes

Name & Address:

4. Endorsement or Guarantee of Bank Loan
 Goods Donated or Loaned Services Donated
 Goods or Services Purchased by Candidate or Others
 Goods or Services Purchased by Candidate or Others- LOAN

Description _____

5. Date Of Receipt: _____

6. Vendor Name & Address:

7. Amount or Fair Market Value: \$ _____ \$

Click Here for Memo Itemization

Fund Raiser Contribution

Page Subtotal

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

126.50

Enter this total on line 6 of Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150579
2. Committee Name Joe Davis For County Commission

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>8/21/12</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>34</u>	5. Type of Fund Raising Activity <u>Picnic By THE River</u>	6. Address and Name (if any) of the place where the activity was held <u>Bigelow Park Behind Boy's Club</u> <input type="checkbox"/> Private Residence <u>Gin's</u>
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7. Total Contributions 2575
8. Other Receipts —
9. Gross Receipts (Add lines 7 and 8) 2575
10. Total Cost of Event 126.80
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.