



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: 8-28-12 to 10-21-12

1. Committee I.D. Number
150329

2. Committee Name
COMMITTEE TO RE-ELECT DONALD KLASS

4. Candidate Last Name KLASS First Name DONALD M.I. L

4a. Office Sought including District # or Community Served (if applicable)
TRUSTEE HAMPTON TWP.

4b. County of Residence BAV

5. Committee's Mailing Address
166 E. BOSTON RD
ESEXVILLE MI.
48732

Area Code and Phone 989 892-9614

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
SAME AS #5

Area Code & Phone _____

7. Treasurer's Business Address
SAME AS #5

Area Code and Phone _____

8. Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper)
SAME AS #5

Area Code and Phone _____

9-TYPE OF STATEMENT

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

9c. Annual Statement (_____ Coverage Year _____)

Pre-Election or Post-Election Statement relates to:

9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. Dissolution of Candidate Committee

- Primary
- Convention
- Special
- General
- School
- Caucus

Effective Date of Dissolution _____

Date of Election, Convention or Caucus
11-6-2012

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 DONALD L. KLASS Donald L. Klass Date 10-22-12

Candidate DONALD L. KLASS Donald L. Klass Date 10-22-12

FILED OCT 23 9 05 AM '12
18TH JUDICIAL CIRCUIT COURT



1. Committee I.D. Number 150329
 COMMITTEE TO RE-ELECT
 2. Committee Name DONALD L. KLASS

**SUMMARY PAGE
CANDIDATE COMMITTEE**

	Column I This Period	Column II Cumulative this election cycle
RECEIPTS		
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>877.05</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>0</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>877.05</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0</u>	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>877.05</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>877.05</u>	(23.) \$ _____
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.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>877.05</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>877.05</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>877.05</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>877.05</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>0</u>	



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 150329
2. Committee Name COMMITTEE TO RE-ELECT DONALD KLASS

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.

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 9-1-12-10-20-12

Name & Address:
DONALD L. KLASS
106 E. BORTON RD.
ESSEXVILLE MI 48732

6. Amount \$ 877.05

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

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

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt _____

Name & Address _____

6. Amount \$ _____

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

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

[Click Here for Memo Itemization](#)

3. Contribution #3 PAC Receipt? YES 4. Date of Receipt _____

Name & Address _____

6. Amount \$ _____

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

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

[Click Here for Memo Itemization](#)

3. Contribution #4 PAC Receipt? YES 4. Date of Receipt _____

Name & Address _____

6. Amount \$ _____

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

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

[Click Here for Memo Itemization](#)

Page Subtotal

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

877.05

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 150329
2. Committee Name COMMITTEE TO RE-ELECT DONALD KLASS

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>STAPLES</u> Address <u>4021 N. EUCLID BAYCITY MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>POST CARDS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-12-12</u> Date	<u>\$ 186.90</u>
Expenditure #2 Name <u>HAMPTON TWP OFFICE</u> Address <u>801 W. CENTER RD ESSEXVILLE MI 48732</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LABELS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-26-12</u> Date	<u>\$ 61.02</u>
Expenditure #3 Name <u>US POST OFFICE</u> Address <u>ESSEXVILLE MI 48732</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>STAMPS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-27-12</u> Date	<u>\$ 224.00</u>
Expenditure #4 Name <u>HAMPTON TWP OFFICE</u> Address <u>801 W. CENTER ESSEXVILLE MI 48732</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LABELS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-2-12</u> Date	<u>\$ 4.32</u>
Expenditure #5 Name <u>U.S. POST OFFICE</u> Address <u>ESSEXVILLE MI 48732</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>STAMPS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-2-12</u> Date	<u>\$ 32.00</u>

Subtotal this page 508.24

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

Enter this total on line 8a of Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **150329**
2. Committee Name **COMMITTEE TO RE-ELECT DONALD KLASS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required information)	5. Date	6. Amount
Expenditure #1 Name: BAY City TIMES Address: BAY City mi <input type="checkbox"/> Fund Raiser	Purpose: FINAL WORD <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	Date: 10-2-12	Amount: 44.00
Expenditure #2 Name: BAY CITY TIMES Address: BAY CITY MI <input type="checkbox"/> Fund Raiser	Purpose: ADDIN PAPER <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	Date: 10-4-12	Amount: 101.46
Expenditure #3 Name: VOELKER PRINTING Address: 1506 WOODSIDE AVE ESSEXVILLE MI 48732 <input type="checkbox"/> Fund Raiser	Purpose: FLYERS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	Date: 10-9-12	Amount: 104.61
Expenditure #4 Name: HAMPTON TWP OFFICE Address: 801 W. CENTER RD ESSEXVILLE MI 48732 <input type="checkbox"/> Fund Raiser	Purpose: LABELS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	Date: 10-10-12	Amount: 4.26
Expenditure #5 Name: U.S. POST OFFICE Address: ESSEXVILLE MI 48732 <input type="checkbox"/> Fund Raiser	Purpose: STAMPS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	Date: 10-10-12	Amount: 16.00

Subtotal this page **270.33**

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

Enter this total on line 8a of Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 150329
2. Committee Name COMMITTEE TO REELECT DONALD KLASS

3. Name and address of person or vendor to whom paid	4. Purpose (Required information)	5. Date	6. Amount
Expenditure #1 Name <u>BAY CITY TIMES</u> Address <u>BAY CITY MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FINAL WORD</u>	<u>10-14-12</u>	<u>55.00</u>
Expenditure #2 Name <u>HAMPTON TWP OFFICE</u> Address <u>801 W. CENTER RD ESSEXVILLE MI 48732</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LABELS</u>	<u>10-16-12</u>	<u>4.56</u>
Expenditure #3 Name <u>U.S. POST OFFICE</u> Address <u>ESSEXVILLE MI 48732</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>STAMPS</u>	<u>10-16-12</u>	<u>16.00</u>
Expenditure #4 Name <u>HAMPTON TWP OFFICE</u> Address <u>801 W. CENTER RD ESSEXVILLE MI 48732</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LABELS</u>	<u>10-19-12</u>	<u>3.72</u>
Expenditure #5 Name <u>U.S. POST OFFICE</u> Address <u>ESSEXVILLE MI 48732</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>STAMPS</u>	<u>10-19-12</u>	<u>19.20</u>

Subtotal this page 984.8
Grand Total of all Schedules 1B (Complete on last page of Schedule) 877.05

Enter this total on line 5a of Summary Page



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

1. Committee I.D. Number 150329
2. Committee Name COMMITTEE TO RE-ELECT DONALD KLASS

This Schedule itemizes:

a Debts and obligations owed by or forgiven the committee OR b Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (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: DONALD KLASS 166 E. BOSTON RD ESSEXVILLE MI 48732	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>9-27-12</u> 6. Original Amount of Debt: \$ <u>471.92</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: DONALD KLASS 166 E. BOSTON RD ESSEXVILLE MI 48732	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>10-2-12</u> 6. Original Amount of Debt: \$ <u>306.65</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: DONALD KLASS 166 E. BOSTON RD ESSEXVILLE MI 48732	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>10-14-12</u> 6. Original Amount of Debt: \$ <u>98.48</u>	\$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt) **877.05**

Grand Total of all Schedules 1E **877.05**
(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.