



**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 \_\_\_\_\_

2. Committee Name  
COMMITTEE TO ELECT  
ROBERT C. LEE SHERIFF

4. Candidate Last Name LEE First Name ROBERT M.I. \_\_\_\_\_

4a. Office Sought Including District # or Community Served (If applicable)  
SHERIFF

4b. County of Residence BAY

5. Committee's Mailing Address  
P.O. BOX 351  
BAY CITY, MI. 48707

6. Treasurer's Name & Residential Address  
MARVIN SMOKOSKA  
2503 S. JEFFERSON ST.  
BAY CITY, MI. 48708

Area Code and Phone 989-225-4209

Area Code & Phone 989-892-5638

7. Treasurer's Business Address \_\_\_\_\_

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)  
KERRY KALAHAR  
2004 S. GRANT ST.  
BAY CITY, MI. 48708

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

Area Code and Phone 989-415-0440

FILED  
CLERK  
CIRCUIT COURT  
OCT 26 4 26 PM '12

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 \_\_\_\_\_

9c.  Annual Statement ( 2012 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.

Designated Record keeper KERRY KALAHAR Kerry Kalahar Date 10-26-2012  
Type or Print Name Signature

Candidate ROBERT C. LEE Robert C Lee Date 10-26-2012  
Type or Print Name Signature



1. Committee I.D. Number 150606

2. Committee Name Committee to elect Robert Cole Sheriff

**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>2223.50</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>2223.50</u>	(18.) \$ <u>41463.38</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ <u>416.46</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ _____	(20.) \$ <u>41,879.84</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>500.00</u>	(21.) \$ <u>4,379.81</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>2614.82</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>2614.82</u>	(23.) \$ _____
<b>INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)</b>		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>413.54</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>2223.50</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>2637.04</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>2614.82</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>22.22</u>	



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150606

2. Committee Name Committee to elect Robert C. d. [unclear]

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 PAC Receipt?  YES 4. Date of Receipt 10-15-12

Name & Address:  
ADAM & MARY BUKOWSKI  
2596 BULLOCK RD.  
BAY CITY, MI 48708

\$ 800.00 \$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:  
Occupation RETIRED Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt 10-15-12

Name & Address:  
TIM & DIANE BUKOWSKI  
1711 22ND. ST.  
BAY CITY, MI 48708

\$ 800.00 \$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:  
Occupation RETIRED Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution # 3 PAC Receipt?  YES 4. Date of Receipt 10-15-12

Name & Address:  
KELLY DANIELS  
693 E. CODY ESTY RD.  
PINCONNING, MI 48650

\$ 400.00 \$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution # 4 PAC Receipt?  YES 4. Date of Receipt 10-15-12

Name & Address:  
RICK & ANN GREENHOE  
303 S. BIRNEY 48708  
BAY CITY

\$ 223.50 \$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:  
Occupation CITY WORKER Employer CITY OF BAY CITY

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

Page Subtotal 2,223.50

Grand Total of All Schedules 1A (Complete on last page of Schedule) 2,223.50

Enter this total on line 3a of Summary Page.

**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150606

2. Committee Name Committee to elect Robert C Lee Sheriff

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Committee to elect Mike Riwark</u> Address _____ <input type="checkbox"/> Fund Raiser	Purpose: <u>donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-27-12</u> Date	<u>\$ 40.00</u>
Expenditure #2 Name <u>Verizon</u> Address <u>P.O. Box 4002 Achwath, GA 30101</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>phone</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/7/12</u> Date	<u>\$ 105.00</u>
Expenditure #3 Name <u>Netz Printing</u> Address <u>700 S Euclid Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>write in signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/14/12</u> Date	<u>\$ 207.00</u>
Expenditure #4 Name <u>Phoenix Business</u> Address <u>1309 Michigan Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>mailing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/19/12</u> Date	<u>\$ 276.73</u>
Expenditure #5 Name <u>Phoenix Business</u> Address <u>1309 Michigan Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>postcard mailing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/16/12</u> Date	<u>\$ 1986.09</u>

Subtotal this page 2614.82

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) 2614.82

Enter this total on line 8a of Summary Page



**ITEMIZED IN-KIND CONTRIBUTIONS**

**SCHEDULE 1-IK**

1. Committee I. D. Number 150606

**CANDIDATE COMMITTEE**

2. Committee Name \_\_\_\_\_

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)
--	--	--------------------------------	---

Contribution # 1 PAC Receipt?  Yes

Name & Address:

*CINDY LUCZAK  
FROST DR.  
BAY CITY, MI.*

If over \$100.00 cumulative, please provide:

Occupation: *COUNTY CLERK*

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

\$ 500.00 \$ \_\_\_\_\_

Description PRINTING

5. Date Of Receipt: \_\_\_\_\_

6. Vendor Name & Address:

*PRIDENIX BUSINESS  
1309 MICHIGAN  
BAY CITY, MI*

Click Here for Memo Itemization

Fund Raiser Contribution

Contribution # 2 PAC Receipt?  Yes

Name & Address

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 \_\_\_\_\_

5. Date Of Receipt: \_\_\_\_\_

6. Vendor Name & Address:

Click Here for Memo Itemization

Fund Raiser Contribution

Contribution #3 PAC Receipt?  Yes

Name & Address:

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 \_\_\_\_\_

5. Date Of Receipt: \_\_\_\_\_

6. Vendor Name & Address:

Click Here for Memo Itemization

Fund Raiser Contribution

Page Subtotal

500.00

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

Enter this total  
on line 6 of Summary  
Page