



**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: 11/1/12 to 7/27/12

4. Candidate Last Name LUTZ First Name MICHAEL M.I. E

4a. Office Sought Including District # or Community Served (if applicable) BAY COUNTY COMMISSION 7th DIST.

4b. County of Residence BAY

6. Treasurer's Name & Residential Address:
SUSAN K. LUTZ
1704 BORTON AVE.
ESSEXVILLE, MI 48732

Area Code & Phone (989) 233-0357

1. Committee I.D. Number
150059

2. Committee Name
MICHAEL E. LUTZ
FOR COMMISSION

5. Committee's Mailing Address
1704 BORTON AVE
ESSEXVILLE, MI 48732

Area Code and Phone 989 3161296

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.

7. Treasurer's Business Address

Area Code and Phone _____

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)

Area Code and Phone _____

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 SUSAN K. LUTZ, Susan K Lutz Date 7-26-12
Type or Print Name Signature

Candidate MICHAEL E. LUTZ, Michael E Lutz Date 7/26/12
Type or Print Name Signature



1. Committee I.D. Number 150059

2. Committee Name MICHAEL ELUTZ FOR COMMISSION

**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>1912.82</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1912.82</u>	(18.) \$ <u>4991.83</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>1912.82</u>	(20.) \$ <u>4991.83</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>25.95</u>	(21.) \$ <u>25.95</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>25.95</u>	(22.) \$ <u>25.95</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1874.31</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>1874.31</u>	(23.) \$ <u>1874.31</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>4991.83</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>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1912.82</u>	
	(15.) = \$ <u>1912.82</u>	
15. SUBTOTAL Add lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1874.31</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>38.51</u>	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150059
2. Committee Name MICHAEL E. LUTZ FOR 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.

3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 2/29 - 7/10/12

Name & Address:
MICHAEL E. LUTZ
1704 BORTON AVE
ESSEXVILLE, MI 48732

6. Amount \$ 1912.82 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 4991.83

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

Occupation BUILDER Employer LUTZ BROTHERS CUSTOM BLDG

Business Address 1704 BORTON AVE ESSEXVILLE, MI 48732

Type of Contribution: Direct Loan from a person Fund Raiser

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

Name & Address _____

\$ _____ \$ _____

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 _____

Name & Address _____

\$ _____ \$ _____

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

Name & Address _____

\$ _____ \$ _____

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 1912.82
Grand Total of All Schedules 1A 1912.82
(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 150059
2. Committee Name MICHAEL E. LUTZ FOR COMMISSION

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? <input checked="" type="checkbox"/> Yes Name & Address: <u>R.T.L OF MICHIGAN PAC</u> <u>2340 FORSTER ST, S W</u> <u>GRAND RAPIDS, MI 49509</u> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input checked="" type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>LIST RENTAL</u> 5. Date Of Receipt: <u>7/13/12</u> 6. Vendor Name & Address:	\$ <u>25.95</u> \$ <u>25.95</u>	
Click Here for Memo Itemization			
<input type="checkbox"/> Fund Raiser Contribution			
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____ \$ _____	
Click Here for Memo Itemization			
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____ \$ _____	
Click Here for Memo Itemization			
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal 25.95

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) 25.95

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND EXPENDITURES

**SCHEDULE 1B - IK
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150059
2. Committee Name MICHAEL E. LUTZ FOR COMMISSIONER

3. Name and Address of person to whom goods or services were donated or transferred.	4. Type of In-Kind Expenditure (Check appropriate box and fill in description)	5. Date:	6. Fair Market Value
Expenditure #1 Name & Address: <u>R.T.L. OF MICHIGAN PAC</u> <u>2340 PORTER ST. SW</u> <u>P.O. BOX 901</u> <u>GRAND RAPIDS, MI 49509</u>	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input checked="" type="checkbox"/> Donation of assets to Political Party Committee <input checked="" type="checkbox"/> Other Description: <u>LIST RENTAL</u>	<u>7/13/12</u> Date	\$ <u>25.95</u>
Expenditure #2 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description:	_____ Date	\$ _____
Expenditure #3 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description:	_____ Date	\$ _____
Expenditure #4 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description:	_____ Date	\$ _____
Expenditure #5 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description:	_____ Date	\$ _____

Page Subtotal 25.95
 Grand Total of all Schedules 1B-1K (Complete on last page of Schedule) 25.95

Enter this total on line 7 of the Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150059
2. Committee Name MICHAEL E. LUTZ FOR COMMISSIONER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>BAY COUNTY CLERK</u> Address <u>SIS CENTER AVE</u> <u>BAY CITY, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FILING FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2/29/12</u> Date	<u>\$ 100.00</u>
Expenditure #2 Name <u>STAPLES</u> Address <u>4021 N. EUCLID AVE</u> <u>BAY CITY, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>OFFICE SUPPLIES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/6/12</u> Date	<u>\$ 29.53</u>
Expenditure #3 Name <u>HAMPTON TWP</u> Address <u>801 W. CENTER AVE</u> <u>ESSEXVILLE, MI 48732</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>A.V. LIST</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/14/12</u> Date	<u>\$ 5.00</u>
Expenditure #4 Name <u>STAPLES</u> Address <u>4021 N. EUCLID AVE</u> <u>BAY CITY, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>OFFICE SUPPLIES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/15/12</u> Date	<u>\$ 34.15</u>
Expenditure #5 Name <u>BAY COUNTY CLERK</u> Address <u>SIS CENTER AVE</u> <u>BAY CITY, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>VOTER DISC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/20/12</u> Date	<u>\$ 10.00</u>

Subtotal this page 178.68

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 150059
2. Committee Name MICHAEL E. LUTZ FOR COMMISSIONER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>CITY OF ESSEXVILLE</u> Address <u>1107 WOODSIDE AVE</u> <u>ESSEXVILLE, MI 48732</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>VOTER LIST</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/22/12</u> Date	<u>\$ 35.00</u>
Expenditure #2 Name <u>STAPLES</u> Address <u>4021 N. EUCLID AVE</u> <u>BAY CITY, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/23/12</u> Date	<u>\$ 60.00</u>
Expenditure #3 Name <u>STAPLES</u> Address <u>4021 N. EUCLID AVE</u> <u>BAY CITY, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/26/12</u> Date	<u>\$ 162.16</u>
Expenditure #4 Name <u>STAPLES</u> Address <u>4021 N. EUCLID AVE</u> <u>BAY CITY, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/30/12</u> Date	<u>\$ 109.18</u>
Expenditure #5 Name <u>POSTMASTER</u> Address <u>WASHINGTON AVE.</u> <u>BAY CITY, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>STAMPS</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/2/12</u> Date	<u>\$ 540.00</u>

Subtotal this page 906.34

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 150059

2. Committee Name MICHAEL E. LUTZ FOR COMMISSIONER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>HOME DEPOT</u> Address <u>3860 STATE ST. BAY CITY, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>GLUE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/11/12</u> Date	<u>\$ 10.57</u>
Expenditure #2 Name <u>R.T.L OF MICHIGAN</u> Address <u>2340 PORTER ST. SW P.O. BOX 901 GRAND RAPIDS, MI 49509-0901</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>R.T.L. LIST RENTAL</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/6/12</u> Date	<u>\$ 32.14</u>
Expenditure #3 Name <u>WAM</u> Address <u>5510 - 33RD STREET SE GRAND RAPIDS, MI 49512</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>R.T.L MAILING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/10/12</u> Date	<u>\$ 663.20</u>
Expenditure #4 Name <u>STAPLES</u> Address <u>4021 N. EUCLID AVE BAY CITY, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/23/12</u> Date	<u>\$ 83.38</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 789.29

Grand Total of all Schedules 1B
(Complete on last page of Schedule) 1874.31

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 150059
2. Committee Name MICHAEL E. LUTZ FOR COMMISSION

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.	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: <u>MICHAEL E. LUTZ</u> <u>1704 BORTON AVE</u> <u>ESSEXVILLE, MI</u> <u>48732</u>	4. Type: <u>CANDIDATE LOAN</u> 5. Date Debt Was Incurred: <u>2006</u> 6. Original Amount of Debt: <u>\$ 3079.01</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	<u>\$ 3079.01</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: <u>MICHAEL E. LUTZ</u> <u>1704 BORTON AVE</u> <u>ESSEXVILLE, MI</u> <u>48732</u>	4. Type: <u>CANDIDATE LOAN</u> 5. Date Debt Was Incurred: <u>7/27/12</u> 6. Original Amount of Debt: <u>\$ 1912.82</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	<u>\$ 1912.82</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. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt) 4991.83

Grand Total of all Schedules 1E 4991.83
(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.