



**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.

1. Committee I.D. Number 15
2. Committee Name
COMMITTEE TO ELECT MICHAEL O'NEILL CO. COMMISSION

5. Committee's Mailing Address
311 VALERIE CT.
ESSEXVILLE MI
48732

Area Code and Phone 989-598-4441
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
SAME

Area Code and Phone _____

3. This Statement covers From: JUNE 1, 2012 to JULY 22, 2012

4. Candidate Last Name O'NEILL First Name MICHAEL M.I. P.
4a. Office Sought Including District # or Community Served (if applicable)
COUNTY COMMISSIONER DISTRICT #7

4b. County of Residence BAY

6. Treasurer's Name & Residential Address
GARY STEFANIAK
316 PINE ST.
ESSEXVILLE, MI 48732

Area Code & Phone 989-892-1692

8. Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper)
MICHAEL O'NEILL
311 VALERIE CT.
ESSEXVILLE, MI
48732

Area Code and Phone 989-598-4441

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
AUGUST 7, 2012

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 Gary L. Stefaniak Gary L. Stefaniak Date 7/26/12
Type of Print Name Signature

Candidate Michael P. O'Neill MICHAEL O'NEILL Date 7/25/12
Type or Print Name Signature



1. Committee I.D. Number 150659

2. Committee Name Comm to Elect Michael O'Neill Cor Comm

**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>2030 -</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>2030 -</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>2030⁰⁰</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.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1902.48</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>1902.48</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.) \$ _____	
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>900⁰⁰</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>2030⁰⁰</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>2030⁰⁰</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1902.48</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>127.52</u>	

**SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150659
 2. Committee Name Comm to Elect Michael O'Hara COM

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: JOYCE A. JOHNSON
702 HAYES LANE
BAY CITY, MI 48708
 PAC Receipt? YES
 4. Date of Receipt 7/10/12

\$ 25

[Click Here for Memo Itemization](#)

5. If over \$100.00 cumulative, please provide:
 Occupation _____ Employer _____
 Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2
 Name & Address: JOE E. + JANE C. PERGANDE
1565 PRIMROSE LANE
ESSEXVILLE, MI 48732
 PAC Receipt? YES
 4. Date of Receipt 7/10/12

\$ 50

[Click Here for Memo Itemization](#)

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
 Name & Address: JOHN W + JANE MUIR
384 RIKOMA BEACH RD.
BAY CITY, MI 48706
 PAC Receipt? YES
 4. Date of Receipt 7/10/12

\$ 25

[Click Here for Memo Itemization](#)

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
 Name & Address: FRED C. + CAROLE M. KOTENA
665 W. BORTON RD
ESSEXVILLE, MI 48732
 PAC Receipt? YES
 4. Date of Receipt 7/10/12

\$ 20

[Click Here for Memo Itemization](#)

5. If over \$100.00 cumulative, please provide:
 Occupation _____ Employer _____
 Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 120.00
 Grand Total of All Schedules 1A
 (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

**SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150659
 2. Committee Name Comm to Elect Michael D'Arcy
County Comm.

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 7/10/12
 Name & Address:
BILL AND BETTY ANN MAHONEY
112 MAIN ST.
ESSEXVILLE, MI 48732

\$ 20 \$ _____

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 #2 PAC Receipt? YES 4. Date of Receipt 7/10/12
 Name & Address:
PAUL M. CIOSEK
1112 HAMPSTEAD RD
ESSEXVILLE, MI 48732

\$ 20 \$ _____

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 #3 PAC Receipt? YES 4. Date of Receipt 7/10/12
 Name & Address:
WILLIAM & LARLIE DEARY
902 N. POWELL RD
ESSEXVILLE, MI 48732

\$ 100⁰⁰ \$ _____

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 7-10-12
 Name & Address:
GERALD & JOAN PERGANDE
303 HART ST.
ESSEXVILLE, MI 48732

\$ 25 \$ _____

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

Page Subtotal

\$ 165⁰⁰

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

Enter this total on line 3a of Summary Page.

**SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number

150659

2. Committee Name

Comm. to Elect Michael O'Neill Co. COMM

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

7/10/12

Name & Address:

STEVEN D. & PATRICIA H. ANDERSON
410 HART ST
ESSEXVILLE, MI 48732

\$ 25

\$ _____

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

7/10/12

Name & Address

DAN CAMPEAU
808 NATURES RIDGE LANE
BAY CITY, MI 48708

\$ 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 # 3

PAC Receipt? YES

4. Date of Receipt

7/10/12

Name & Address:

HAROLD & RUTH BLUMENSTEIN
1560 KINNEY CT.
ESSEXVILLE, MI 48732

\$ 50

\$ _____

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

7/10/12

Name & Address

PERRY & BONNIE MIDDLETON
1100 BORTON AVE.
ESSEXVILLE, MI 48732

\$ 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

Page Subtotal

\$ 120.00

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 150659
2. Committee Name Comm. to Elect Michael O'Neil Co. Comm

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 7/10/12
Name & Address: WENDY J. & RONALD E. GRAHAM
115 BIRNEY
ESSEXVILLE, MI 48732

6. Amount \$ 20⁰⁰ \$ _____

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 7/10/12
Name & Address: SARA K. & JACK L. NESBITT
1559 STA MARY'S CT.
ESSEXVILLE, MI 48732

6. Amount \$ 20⁰⁰ \$ _____

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 7/10/12
Name & Address: MARSHALL & KATHY LUPP
1280 W. BORTON RD
ESSEXVILLE, MI 48732

6. Amount \$ 35 \$ _____

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 7/10/12
Name & Address: VICKI & FRED GONFA
1136 W. BORTON RD.
ESSEXVILLE, MI 48732

6. Amount \$ 25 \$ _____

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 \$ 100⁰⁰

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

Enter this total on line 3a of Summary Page.

**SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150659
 2. Committee Name Comm to Elect Michael O'Neill Co. Comm.

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 7-10-12
 Name & Address:

BARB + JOHN NEYMEYER
1601 BORTON AVE.
ESSEXVILLE, MI 48732

\$ 50 \$ _____

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 #2 PAC Receipt? YES 4. Date of Receipt 7/10/12
 Name & Address:

SHELLY + MATT MAHAR
1159 ORCHARD RD.
ESSEXVILLE, MI 48732

\$ 20 \$ _____

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 #3 PAC Receipt? YES 4. Date of Receipt 7/17/12
 Name & Address:

PATRICK & AMY KOTOWA
1437 N. JONES RD.
ESSEXVILLE, MI 48732

\$ 50 \$ _____

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 7/10/12
 Name & Address:

JOHN + ROCHELLE DISCHER
1200 MERCER ST
ESSEXVILLE, MI 48732

\$ 25 \$ _____

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

Page Subtotal \$ 145⁰⁰

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

Enter this total on line 3a of Summary Page.

**SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150659
 2. Committee Name Comm to Elect Michael O'Neil Co. Comm

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:	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/17/12</u>	
<p>TIM + LINDA QUAST 619 N. POWELL RD. ESSEXVILLE, MI 48732</p>		\$ <u>25</u>	
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 Name & Address:	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/17/12</u>	
<p>ROBERT + KAY WINTERS 308 VALERIE CT. ESSEXVILLE, MI 48732</p>		\$ <u>50</u>	
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #3 Name & Address:	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/17/12</u>	
<p>CHRIS + JOHN MOROSI 201 SHARPE ST. ESSEXVILLE, MI 48732</p>		\$ <u>50</u>	
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #4 Name & Address:	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/17/12</u>	
<p>DAVE + KIM LOVELY 1840 N. SE BOUTELL ESSEXVILLE, MI</p>		\$ <u>50</u>	
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 175⁰⁰
 Grand Total of All Schedules 1A
 (Complete on last page of Schedule)

**SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150659
 2. Committee Name Comm. to Elect Michael O'Neill Co *Comm*

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 PAC Receipt? <input type="checkbox"/> YES Name & Address: 4. Date of Receipt <u>7/17/12</u> <p align="center">DR. + MRS. JAPHET JOSEPH 114 HART ST. ESSEXVILLE, MI 48732</p>	\$ <u>100</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization
Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES Name & Address: 4. Date of Receipt <u>7/17/12</u> <p align="center">CHARLES C & NANCY ROCKOW 1545 PRIMROSE LANE ESSEXVILLE, MI 48732</p>	\$ <u>50</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization
Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES Name & Address: 4. Date of Receipt <u>7/17/12</u> <p align="center">MIKE + CYNTHIA HALEY 5431 FOUR MILE RD BAY CITY, MI 48706</p>	\$ <u>35</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization
Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES Name & Address: 4. Date of Receipt <u>7/17/12</u> <p align="center">DAVE + ANGIE SCHWARTZ 12 OAKLAND COURT ESSEXVILLE, MI 48732</p>	\$ <u>20</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization
Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal \$20500

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

Enter this total on
line 3a of Summary
Page.

**SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150659
 2. Committee Name Comm to Elect Michael O'Neill Co. Comm

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 7/17/12
 Name & Address:

THOMAS KURIAN & NEETHA THOMAS
310 VALERIE CT.
ESSEXVILLE, MI 48732

\$ 50 \$ _____

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 #2 PAC Receipt? YES 4. Date of Receipt 7/17/12
 Name & Address

GARY & JAN STEFANIAK
316 PINE ST.
ESSEXVILLE, MI 48732

\$ 50 \$ _____

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 #3 PAC Receipt? YES 4. Date of Receipt 6-21-12
 Name & Address:

MICHAEL O'NEILL
311 VALERIE CT
ESSEXVILLE, MI 48732

\$ 900⁰⁰ \$ _____

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

Occupation RETIRED Employer SELF

[Click Here for Memo Itemization](#)

Business Address 311 VALERIE CT.

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:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal

\$1000⁰⁰

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

\$2030⁰⁰

Enter this total on
 line 3a of Summary
 Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 150659
2. Committee Name Council to Elect Michael O'Neil Co. Comm

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name STAPLES Address 4021 N. EUCLID AVE BAY CITY, MI 48706 <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING DONATION LETTERS</u> <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>\$ 146⁸⁶</u>
Expenditure #2 Name STAPLES Address 4021 N. EUCLID AVE BAY CITY, MI 48706 <input type="checkbox"/> Fund Raiser	Purpose: <u>INK/LABELS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/27/12</u> Date	<u>\$ 87⁹⁴</u>
Expenditure #3 Name ESSEXVILLE P.O. OFFICE Address WOODSIDE ESSEXVILLE, MI 48732-1267 <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>6/27/12</u> Date	<u>\$ 180⁰⁰</u>
Expenditure #4 Name SAWICKI & SONS Address 1521 W. LAFAYETTE DETROIT, MI 48216 <input type="checkbox"/> Fund Raiser	Purpose: <u>DOWNPAYMENT FOR YARD SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/9/12</u> Date	<u>\$ 300⁰⁰</u>
Expenditure #5 Name STAPLES Address 4021 N. EUCLID AVE BAY CITY, MI 48706 <input type="checkbox"/> Fund Raiser	Purpose: <u>ENVELOPES/LABELS ABS. VOTERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/15/12</u> Date	<u>\$ 132⁴⁹</u>

Subtotal this page

847.29

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 150659
2. Committee Name Comm to Elect Michael O'Neil Co. Comm

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>ESSEXVILLE POST OFFICE</u> <u>WOODSIDE</u> Address <u>ESSEXVILLE, MI</u> <u>48732-1267</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>7/16/12</u> Date	<u>\$ 270.00</u>
Expenditure #2 Name <u>B.C. DEMOCRATIC PRESS</u> <u>P.O. BOX 278</u> Address <u>309 NINTH ST</u> <u>BAY CITY, MI</u> <u>48707-0278</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>WALKING CARDS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/17/12</u> Date	<u>\$ 359.34</u>
Expenditure #3 Name <u>ESSEXVILLE POST OFFICE</u> <u>WOODSIDE</u> Address <u>ESSEXVILLE, MI</u> <u>48732-1267</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>STAMPS AV</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/17</u> Date	<u>\$ 180.00</u>
Expenditure #4 Name <u>SAWICKI + SONS</u> Address <u>1521 W. LAFAYETTE</u> <u>DETROIT, MI</u> <u>48216</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>BALANCE</u> <u>YARD SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/18/12</u> Date	<u>\$ 200.85</u>
Expenditure #5 Name <u>ESSEXVILLE POST OFF.</u> <u>WOODSIDE</u> Address <u>ESSEXVILLE, MI</u> <u>48732-1267</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>7/18/12</u> Date	<u>\$ 45.00</u>

Subtotal this page 1055.19

Grand Total of all Schedules 1B
(Complete on last page of Schedule) 1902.48

Enter this total
on line 8a of
Summary Page



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

1. Committee I.D. Number 150659
2. Committee Name Comm to Elect Michael O'Neill Co. Comm

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 Owed to or by: MICHAEL O'NEILL 311 VALERIE COURT ESSEXVILLE, MI 48732 Corp? <input type="checkbox"/> Yes	4. Type: <u>LOAN TO ELECT. COMM.</u> 5. Date Debt Was Incurred: <u>6/21/2012</u> 6. Original Amount of Debt: <u>\$ 900⁰⁰</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>-0-</u>	\$ <u>900⁰⁰</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: Corp? <input type="checkbox"/> Yes	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: \$ _____				
Debt #3 Owed to or by: Corp? <input type="checkbox"/> Yes	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) 900⁰⁰
Grand Total of all Schedules 1E 900⁰⁰
(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.