



**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: 4/19/14 to 7/20/14

1. Committee I.D. Number  
**150695**

2. Committee Name  
**Friends of Randy Badgerow**

4. Candidate Last Name **Badgerow** First Name **Randall** M.I. **L**

4a. Office Sought Including District # or Community Served (If applicable)  
**5th District Bay County Commissioner**

4b. County of Residence **Bay**

5. Committee's Mailing Address  
**613 30th St  
Bay City, MI 48708**

Area Code and Phone 989 316 5160  
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  
**Randy Badgerow  
613 30th St  
Bay City, MI 48708**

Area Code & Phone 989 316 5160

7. Treasurer's Business Address  
**509 Center Ave  
Bay City, MI 48708**

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

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)  
**Susan Badgerow  
613 30th St  
Bay City, MI 48708**

Area Code and Phone 989-971-0058

9. TYPE OF STATEMENT  
9a.  Pre-Election OR 9b.  Post-Election

Pre-Election or Post-Election Statement relates to:

Primary  
 General  
 Convention  
 Special  
 School  
 Caucus

Date of Election, Convention or Caucus  
8/5/14

Required ONLY if candidate is not on the ballot for the current year:

July Quarterly  
 October Quarterly

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

By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution  
\_\_\_\_\_

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

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 **Randy Badgerow** *Randy Badgerow*  
Type or Print Name Signature

Candidate **Randy Badgerow** *Randy Badgerow*  
Type or Print Name Signature

BY \_\_\_\_\_  
ELECTORAL COMMISSION  
CYNTHIA A. LESZAK  
2014 JUN 22 10:21 AM  
FILED  
1000  
CIR  
DATE  
7/21/14  
DATE  
7/21/14



1. Committee I.D. Number 150695

2. Committee Name Friends of Randy Badgerow

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>190.91</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.) \$ <u>0</u>	(19.) \$ _____
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>190.91</u>	(20.) \$ _____
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
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.) \$ _____
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>190.91</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0</u>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>190.91</u>	(23.) \$ _____
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>0</u>	(24.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>90.91</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0</u>	
<b>BALANCE STATEMENT</b>		
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>190.91</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>190.91</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>190.91</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>- 0 -</u>	



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150695  
2. Committee Name Friends of Randy Badgrow

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>515 Center Ave Bay City, MI 48708</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Filing for Candidate</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/21/14</u> Date	\$ <u>100.00</u>
Expenditure #2 Name <u>Klender Signs</u> Address _____  <input type="checkbox"/> Fund Raiser	Purpose: <u>Magnetic Sign</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/10/14</u> Date	\$ <u>80.91</u>
Expenditure #3 Name <u>Bay County Clerk</u> Address <u>515 Center Ave. Bay City, MI 48708</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Walking List</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/27/14</u> Date	\$ <u>10.00</u>
Expenditure #4 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	\$ _____
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 190.91  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule) 190.91

Enter this total  
on line 8a of  
Summary Page



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150695

2. Committee Name Friends of Randy Badgerow

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)
<p>3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>04/19/14</u>            Name &amp; Address:  <b>Bay County Republican Party</b>  <i>309 Johnson</i>  <i>Bay City, MI 48708</i></p> <p>5. If over \$100.00 cumulative, please provide:            Occupation _____ Employer _____            Business Address _____            Type of Contribution: <input checked="" type="checkbox"/> Direct    <input type="checkbox"/> Loan from a person    <input type="checkbox"/> Fund Raiser</p>	<p>\$ <u>100</u></p>	<p><a href="#">Click Here for Memo Itemization</a></p>
<p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/29/14</u>            Name &amp; Address:  <b>Randy Badgerow</b>  <b>613 30th St</b>  <b>Bay City, MI 48708</b></p> <p>5. If over \$100.00 cumulative, please provide:            Occupation _____ Employer _____            Business Address _____            Type of Contribution: <input type="checkbox"/> Direct    <input checked="" type="checkbox"/> Loan from a person    <input type="checkbox"/> Fund Raiser</p>	<p>\$ <u>80.91</u></p>	<p><a href="#">Click Here for Memo Itemization</a></p>
<p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/27/14</u>            Name &amp; Address:  <b>Randy Badgerow</b>  <b>613 30th St</b>  <b>Bay City, MI 48708</b></p> <p>5. If over \$100.00 cumulative, please provide:            Occupation _____ Employer _____            Business Address _____            Type of Contribution: <input type="checkbox"/> Direct    <input checked="" type="checkbox"/> Loan from a person    <input type="checkbox"/> Fund Raiser</p>	<p>\$ <u>10</u></p>	<p><a href="#">Click Here for Memo Itemization</a></p>
<p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____            Name &amp; Address:            _____</p> <p>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</p>	<p>\$ _____</p>	<p><a href="#">Click Here for Memo Itemization</a></p>

Page Subtotal **\$190.91**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule) **\$190.91**

Enter this total on  
line 3a of Summary  
Page.



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

1. Committee I.D. Number 150695  
2. Committee Name Friends of Randy Badgerow

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: Randy Badgerow 613 30th St Bay City MI 48708	4. Type: <u>Loan</u> 5. Date Debt Was Incurred: <u>6/16/14</u> 6. Original Amount of Debt: \$ <u>80.91</u>	\$ <del>60</del> \$ \$ \$ \$	\$ <u>0</u>	\$ <u>80.91</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: Randy Badgerow 613 30th St Bay City, MI	4. Type: <u>Loan</u> 5. Date Debt Was Incurred: <u>6/27/14</u> 6. Original Amount of Debt: \$ <u>10.00</u>	\$ <u>0</u> \$ \$ \$ \$	\$ <u>0</u>	\$ <u>10</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) 90.91

Grand Total of all Schedules 1E 90.91  
(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.