



Recd.
7-28-14 PS

**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 4-22-14 to 7-20-14

1. Committee I.D. Number
150674

2. Committee Name
Friends of Brandon DeFrain

4. Candidate Last Name DeFrain First Name Brandon M.I. J

4a. Office Sought Including District # or Community Served (If applicable)
Bay County Commissioner District 1

4b. County of Residence Bay

5. Committee's Mailing Address
314 Van Etten St.
Pinconning, MI 48650

Area Code and Phone 989-415-9941

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
Chelsey DeFrain
314 Van Etten St.
Pinconning, MI 48650

Area Code & Phone 989-254-0782

7. Treasurer's Business Address
same

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
 Special
 School
 Caucus

Date of Election, Convention or Caucus
8-5-2014

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 Chelsey L. DeFrain / [Signature] Date 7-28-14

Type or Print Name Signature

Candidate Brandon J. DeFrain / [Signature] Date 7-28-14

Type or Print Name Signature



1. Committee I.D. Number 150674

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Friends of Brandon DeFraih

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>732.80</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>732.80</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>732.80</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>465.59</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>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>465.59</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>0</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0</u>	
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>732.80</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>732.80</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>465.59</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>267.21</u>	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150674
2. Committee Name Friends of Brandon DeFraich

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 4/22/14
Name & Address:
Mike Rivard
840 N. Garfield Rd.
Linwood, MI 48634

\$ 25.00 \$ 25.00

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 # 2 PAC Receipt? YES 4. Date of Receipt 7/11/14
Name & Address:
Mike Rivard
840 N. Garfield
Linwood, MI 48634

\$ 50.00 \$ 75.00

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 # 3 PAC Receipt? YES 4. Date of Receipt 6/4/14
Name & Address:
Joseph Davis
909 Wenona St.
Bay City, MI 48706

\$ 50.00 \$ 50.00

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 7/11/14
Name & Address:
Joseph Davis
909 Wenona St.
Bay City, MI 48706

\$ 50.00 \$ 100.00

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

Page Subtotal 175.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule) 732.80

Enter this total on
line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 150674

2. Committee Name Friends of Brandon DeFrain

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 7/11/14

Name & Address:
David Dittenber
12813 Hotchkiss Rd.
Freeland, MI 48623

6. Amount \$ 100.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 100.00

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

3. Contribution # 2 PAC Receipt? YES 4. Date of Receipt 6-4-14

Name & Address:
Robert Rankey
4758 Spitzer Dr.
Bay City, MI 48706

6. Amount \$ 30.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 30.00

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

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 6/4/14

Name & Address:
Tom Wassa
1919 Circle Dr.
Fairgrove, MI 48733

6. Amount \$ 20.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 20.00

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

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 6/4/14

Name & Address:
Daniel DeFrain
2723 Midland Rd
Bay, City, MI 48706

6. Amount \$ 20.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 20.00

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 170.00

Grand Total of All Schedules 1A 732.80
(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 150674
2. Committee Name Friends of Brandon DeFrain

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 6/4/14

Name & Address:
Earl Bovia
2806 Burns Rd.
Munger, MI 48747

6. Amount \$ 35.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 35.00

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

3. Contribution # 2 PAC Receipt? YES 4. Date of Receipt 6/4/14

Name & Address:
Vaughn Begick
5353 Lorraine Ct.
Bay City, MI 48706

6. Amount \$ 20.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 20.00

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

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 6/4/14

Name & Address:
Anthony Adamczyk
4205 Castle Dr.
Midland, MI 48640

6. Amount \$ 30.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 30.00

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

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7/11/14

Name & Address:
Carlos Jaime
2846 E. Kawkawlin River Dr.
Kawkawlin, MI 48631

6. Amount \$ 20.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 20.00

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 105.00
Grand Total of All Schedules 1A (Complete on last page of Schedule) 732.80

Enter this total on line 3a of Summary Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 150674

2. Committee Name Friends of Brendon DeFrain

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 7/11/14
Name & Address:

Daniel DeFrain
2723 Midland Rd.
Bay City, MI 48706

\$ 20.00 \$ 40.00

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 # 2 PAC Receipt? YES 4. Date of Receipt 7/11/14
Name & Address:

Jason DeFrain
2723 Midland Rd.
Bay City, MI 48706

\$ 50.00 \$ 50.00

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 # 3 PAC Receipt? YES 4. Date of Receipt 6/8/14
Name & Address:

Thelma DeFrain
2729 Midland Rd.
Bay City, MI 48706

\$ 100.00 \$ 100.00

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 7/11/14
Name & Address:

Lanny Cruff
2715 Midland Rd.
Bay City, MI 48706

\$ 50.00 \$ 50.00

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

Page Subtotal 220.00

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

732.80

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150674
2. Committee Name Friends of Brendon DeFrain

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 4/22/14
Name & Address:

Brandon DeFrain
314 Van Etten St.
Pinconning, MI 48650

\$ 62.80 \$ 62.80

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 _____
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

3. Contribution #3 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

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 62.80

Grand Total of All Schedules 1A
(Complete on last page of Schedule) 732.80

Enter this total on line 3a of Summary Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150674
2. Committee Name Friends of Brandon DeFrank

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Sawicki and Son Inc.</u> Address <u>1521 W. Lafayette Blvd. Detroit, MI 48216</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/24/14</u> Date	<u>\$ 153.70</u>
Expenditure #2 Name <u>Pizza Dude</u> Address <u>326 S. Kaiser St. Pinconning, MI 48650</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Food for Fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/19/14</u> Date	<u>\$ 36.80</u>
Expenditure #3 Name <u>Pinny Food Center</u> Address <u>704 S. Mable St. Pinconning, MI 48650</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser Supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/13/14</u> Date	<u>\$ 16.53</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>Flyers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/8/14</u> Date	<u>\$ 25.96</u>
Expenditure #5 Name <u>Vista Print</u> Address <u>Lexington, MA www.vistaprint.com</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Business Cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/9/14</u> Date	<u>\$ 66.99</u>

Subtotal this page 299.98

Grand Total of all Schedules 1B
(Complete on last page of Schedule) 465.59

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 150674

2. Committee Name Friends of Brandon DeFrain

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Willow Lounge Inc.</u> Address <u>3005 E. Midland Rd. Bay City, MI 48706</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Food</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/4/14</u> Date	<u>\$ 50.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>Shirts, Mugs & More</u> Address <u>2728 Lenter Ave. Essexville, MI 48732</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Embroidery</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/13/14</u> Date	<u>\$ 10.60</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>City of Pinconning</u> Address <u>208 Manitow St. Pinconning, MI 48650</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Park Rental</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>\$ 50.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>Dore stores # 8</u> Address <u>2521 S. Huron Rd. Kawkawlin, MI 48631</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Fuel</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/16/14</u> Date	<u>\$ 15.01</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>Pinconning Cheese Festival/Parade</u> Address <u>Pinconning, MI 48650</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Food for Volunteers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/16/14</u> Date	<u>\$ 40.00</u> Click Here for Memo Itemization Type

Subtotal this page 165.61

Grand Total of all Schedules 1B
(Complete on last page of Schedule) 465.59

Enter this total
on line 8a of
Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150674

2. Committee Name Friends of Brandon DeFrain

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>6/4/14</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>7</u>	5. Type of Fund Raising Activity <u>Food</u>	6. Address and Name (If any) of the place where the activity was held. <u>Willow Lounge</u> <u>3005 Midland Rd</u> <u>Bay City, MI 48706</u> <input type="checkbox"/> Private Residence
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7. Total Contributions \$ 205.00

8. Other Receipts _____

9. Gross Receipts (Add lines 7 and 8) 205.00

10. Total Cost of Event \$ 50.00

(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150674

2. Committee Name Friends of Brandon DeFrein

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>7/11/14</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>9</u>	5. Type of Fund Raising Activity <u>Meet and Greet / Direct donations</u>	6. Address and Name (if any) of the place where the activity was held. <u>Old City Hall 814 Saginaw St. Bay City, MI 48708</u> <input type="checkbox"/> Private Residence
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7. Total Contributions \$240.00

8. Other Receipts _____

9. Gross Receipts (Add lines 7 and 8) 240.00

10. Total Cost of Event 0
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-1K), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150674

2. Committee Name Friends of Brandon DeWash

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>7/13/14</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>3</u>	5. Type of Fund Raising Activity <u>Meet and Greet/ Lunch</u>	6. Address and Name (If any) of the place where the activity was held. <u>Doc-Lech Fidd Park North St. Pinconning, MI 48650</u> <input type="checkbox"/> Private Residence
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7. Total Contributions 0

8. Other Receipts _____

9. Gross Receipts (Add lines 7 and 8) 0

10. Total Cost of Event 103.33
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.