MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

# 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 04-22-14 to 07-20-14

1. Committee I.D. Number: 150697

2. Committee Name: Committee to elect Levi O'Brien

4. Candidate Last Name: O'Brien First Name: Levi M.I.: W.

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:
1750 E. Prevo
Linwood, MI 48634

Area Code and Phone (989)600-5211

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:
Heather O'Brien
1750 E. Prevo
Linwood, MI 48634

Area Code & Phone (989)600-5212

7. Treasurer's Business Address:
Heather O'Brien
1750 E. Prevo
Linwood, MI 48634

Area Code and Phone (989)600-5212

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

Area Code and Phone

FILED CO. CLERK
1 JUL 25 P 4:
BAY COUNTY CLERK
CINTHIA A. LUCZAK
CIRCUIT COURT

9. TYPE OF STATEMENT

9a. [X] Pre-Election OR 9b. [ ] Post-Election

Pre-Election or Post-Election Statement relates to:

- [X] Primary
- [ ] General
- [ ] Convention
- [ ] Special
- [ ] School
- [ ] Caucus

Date of Election, Convention or Caucus: August 5th

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 lates 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: Heather O'Brien, Heather M. O'Brien — Type or Print Name / Signature — Date 07-25-14

Candidate: Levi O'Brien — Type or Print Name / Signature — Date 07-25-14

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 150697

# SUMMARY PAGE
## CANDIDATE COMMITTEE

2. Committee Name Committee to Elect Levi O'Brien

| RECEIPTS | | Column I This Period | Column II Cumulative this election cycle |
|---|---|---|---|
| 3. Contributions | | | |
| a. Itemized (Schedule 1A - Column 6) | (3a.) $ | 0 | |
| b. Unitemized (less than $20.01 each - no Schedule) | (3b.) $ | NOT APPLICABLE | |
| c. Subtotal of "Contributions" | (3c.) $ | 0 | (18.) $ 0 |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) $ | 0 | (19.) $ 0 |
| **5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS** (Add Line 3c + Line 4) | (5.) $ | 0 | (20.) $ 0 |
| **IN-KIND CONTRIBUTIONS & EXPENDITURES** | | | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) $ | 0 | (21.) $ 0 |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) | (7.) $ | 0 | (22.) $ 0 |
| **EXPENDITURES** | | | |
| 8. Expenditures | | | |
| a. Itemized (Schedule 1B, Column 6) | (8a.) $ | 0 | |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G) | (8b.) $ | 0 | |
| c. Unitemized (less than $50.01 each - no Schedule) | (8c.) $ | 0 | |
| **9. TOTAL EXPENDITURES** (Add Line 8a + Line 8b + Line 8c) | (9.) $ | 0 | (23.) $ 0 |
| **INCIDENTAL EXPENSE DISBURSEMENTS** (Officeholders Only) | | | |
| 10. Disbursements | | | |
| a. Itemized (Schedule 1C, Column 6) | (10a.) $ | 0 | |
| b. Unitemized (less than $50.01 each - no Schedule) | (10b.) $ | 0 | |
| **11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS** (Add Line 10a + Line 10b) | (11.) $ | 0 | (24.) $ 0 |
| **DEBTS AND OBLIGATIONS** | | | |
| 12. Debts and Obligations | | | |
| a. Owed by the Committee (Schedule 1E) | (12a.) $ | 0 | |
| b. Owed to the Committee (Schedule 1E) | (12b.) $ | 0 | |

**BALANCE STATEMENT**

| | | |
|---|---|---|
| 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) | (13.) $ | 0 |
| 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) | (14.) + $ | 0 |
| 15. SUBTOTAL Add lines 13 and 14 | (15.) = $ | 0 |
| 16. Amount expended during reporting period (Add lines 9 and 11) | (16.) - $ | 0 |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) $ | 0 * |