

**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: 8/28/2012 to 10/31/2012

1. Committee I.D. Number 150309

4. Candidate Last Name Luczak First Name Cynthia M.I. A

2. Committee Name Cynthia Luczak Your Co Clerk

4a. Office Sought Including District # or Community Served (If applicable) Bay County Clerk
4b. County of Residence _____

5. Committee's Mailing Address
808 Frost Drive
Bay City, MI 48706
Area Code and Phone (989) 686-4288
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
Same
Area Code & Phone _____

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)
same
Area Code and Phone _____

FILED
10TH JUDICIAL
CIRCUIT COURT
OCT 26 11 24 AM '12
BY _____

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
11/6/2012

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: Cynthia A Luczak Cynthia A Luczak Date 10/26/12
Type or Print Name Signature

Candidate: Cynthia A Luczak Cynthia A Luczak Date 10/26/12
Type or Print Name Signature



1. Committee I.D. Number 150309
 2. Committee Name Cynthia Luczak Your Co. Clerk

**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>650.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ _____	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>650.00</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1462.24</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>1462.24</u>	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>4,000.00</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>1973.61</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>650.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>2623.61</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1662.24</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>961.37</u> *	



ITEMIZED CONTRIBUTIONS

SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 150309

2. Committee Name Cynthia Huerzoh Your Co Clerk

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 9/16/2012

Name & Address:
Mike Rowley
1561 Wedgewood
Assessville, ME 48732

\$ 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 #2 PAC Receipt? YES 4. Date of Receipt 10/11/12

Name & Address:
Bay Co Democratic Party
2341 E. Beaver Road
Kawkaulin, ME 48631

\$ 600.00 \$ _____

5. If over \$100.00 cumulative, please provide:
Occupation political party Employer J. Dawson, Treasurer

[Click Here for Memo Itemization](#)

Business Address 2341 E. Beaver Road, Kawkaulin, ME

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 650.00

Grand Total of All Schedules 1A 650.00
(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 150309
2. Committee Name Cynthia Huazak/our Co Clerk

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)
<p>Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name & Address: <u>Doug Huazak</u> <u>808 Frost</u> <u>Bay City, MI</u></p> <p>If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: <u>Gephart Funeral Home</u> <u>201 W Midland</u> <u>Bay City, MI 48706</u></p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description <u>decorations/picnic supplies</u></p> <p>5. Date Of Receipt: <u>9/9/2012</u></p> <p>6. Vendor Name & Address: <u>Memories by Candlelight</u> <u>Columbus Ave</u> <u>Bay City, MI 48708</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>365.00</u></p>	
<p>Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name & Address: <u>Cynthia Huazak</u> <u>808 Frost</u> <u>Bay City, MI 48706</u></p> <p>If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <u>County of Bay</u> <u>515 Center</u> <u>Bay City, MI</u></p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description <u>tent/tables/chairs</u></p> <p>5. Date Of Receipt: <u>9/7/2012</u></p> <p>6. Vendor Name & Address: <u>Bay Arcadental</u> <u>Sturon Road</u> <u>Bay City, MI</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>400.00</u></p>	
<p>Contribution #3 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name & Address:</p> <p>If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>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</p> <p>Description _____</p> <p>5. Date Of Receipt: _____</p> <p>6. Vendor Name & Address:</p> <p>Click Here for Memo Itemization</p>	<p>\$ _____</p>	

Page Subtotal

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

Enter this total
on line 6 of Summary.
Page

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150309

2. Committee Name Chuzak Your Co Clerk

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Meats & More</u> Address <u>1411 S. Menona St.</u> <u>Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign</u> <u>worker dinner</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/9/12</u> Date	<u>\$ 636.00</u>
Expenditure #2 Name <u>Bay Valley Portables</u> Address <u>5623 Huron Road</u> <u>Pineconing, MI</u> <u>48650</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>facilities</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/9/12</u> Date	<u>\$ 75.00</u>
Expenditure #3 Name <u>Meipas</u> Address <u>2980 E. Wieden</u> <u>Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign</u> <u>worker dinner</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/9/12</u> Date	<u>\$ 476.24</u>
Expenditure #4 Name <u>Karen Koss</u> Address <u>458 Schmidt</u> <u>Kaw Kawlin, MI 48031</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Catering</u> <u>services</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/9/12</u> Date	<u>\$ 250.00</u>
Expenditure #5 Name <u>J. Davis for Commissioner</u> Address <u>909 S. Menona</u> <u>Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/9/12</u> Date	<u>\$ 100.00</u>

Subtotal this page 1537.24
 Grand Total of all Schedules 1B
 (Complete on last page of Schedule) 1537.24

Enter this total
on line 8a of
Summary Page

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150309
2. Committee Name Cynthia Huozak Your Co Clerk

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Mike Ward for Drain</u> Address <u>840 N. Barfield Road</u> <u>Linwood, MI 48034</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/2/12</u> Date	<u>\$ 100.00</u>
Expenditure #2 Name <u>John Glenn High School</u> Address <u>3281 Kiesel Road</u> <u>Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>advertisement</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/3/12</u> Date	<u>\$ 25.00</u>
Expenditure #3 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 #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 125.00
 Grand Total of all Schedules 1B (Complete on last page of Schedule) 1662.24

Enter this total on line 8a of Summary Page



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

1. Committee I.D. Number 150309
2. Committee Name Chuzan Your Co Clerk

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 endorser 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: <u>Cynthia Ahuozak</u> <u>808 Frost</u> <u>Bay City, MI 48706</u>	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>7/16/12</u> 6. <u>Original Amount of Debt:</u> <u>\$ 2,000.00</u>	<u>0 \$ 00</u> \$ \$ \$	<u>\$ - 0 -</u>	<u>\$ - 0 -</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>Cynthia Ahuozak</u> <u>808 Frost</u> <u>Bay City, MI 48706</u>	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>4/17/12</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,000.00</u>	<u>0 \$ 00</u> \$ \$ \$	<u>\$ - 0 -</u>	<u>\$ - 0 -</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. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt) 3,000.00
Grand Total of all Schedules 1E 4,000.00
(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.

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 150309

2. Committee Name Cynthia A. Luczak for County Clerk

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 endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 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: <u>Cynthia A. Luczak</u> <u>808 Frost Drive</u> <u>Bay City, MI 48706</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>Loan</u> Code <u>LN</u> 5. Date Debt Was Incurred: <u>8-15-2003</u> 6. Original Amount of Debt <u>\$ 300.00</u>	<u>3 25/11s 300.00</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u>	<u>300.00</u>	<input type="checkbox"/> FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #2 Owed to or by: <u>Cynthia A. Luczak</u> <u>808 Frost Drive</u> <u>Bay City, MI 48706</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>Loan</u> Code <u>LN</u> 5. Date Debt Was Incurred: <u>8-27-2003</u> 6. Original Amount of Debt <u>\$ 200.00</u>	<u>3 25/11s 200.00</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u>	<u>200.00</u>	<input type="checkbox"/> FORGIVEN
--	---	---	---------------	-----------------------------------

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #3 Owed to or by: <u>Cynthia A. Luczak</u> <u>808 Frost Drive</u> <u>Bay City, MI 48706</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>Loan</u> Code <u>LN</u> 5. Date Debt Was Incurred: <u>7-19-2006</u> 6. Original Amount of Debt <u>\$ 1,000.00</u>	<u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u>		<input type="checkbox"/> FORGIVEN
--	---	--	--	-----------------------------------

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

1,000.00

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

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.