

STATE OF MICHIGAN RUTH JOHNSON, SECRETARY OF STATE DEPARTMENT OF STATE LANSING

May 16, 2016

William Federspiel 2159 Manchester Drive Saginaw, Michigan 48609

Dear Sheriff Federspiel:

The Department of State (Department) received a formal complaint filed by Joseph Tomczyk against you, alleging that you violated the Michigan Campaign Finance Act (MCFA), 1976 PA 388, MCL 169.201 et seq. A copy of the complaint and supporting documentation is provided as an enclosure with this letter.

The MCFA requires filed campaign finance statements and reports to be complete and accurate. MCL 169.233. A candidate who knowingly files an incomplete or inaccurate statement or report may be subject to a civil fine of up to \$1,000.00. MCL 169.233(10). A candidate who knowingly omits or underreports a contribution or expenditure may be subject to a civil fine of up to \$1,000.00, or the amount of the undisclosed contribution or expenditure, whichever is greater. MCL 169.233(11).

The Act further prohibits a committee from accepting or expending an anonymous contribution. MCL 169.241(2). A knowing violation of this section is a misdemeanor punishable by a fine up to \$1,000.00, imprisonment for up to 90 days, or both. MCL 169.241(4).

The MCFA also prohibits a corporation or labor organization from making a contribution to a committee other than a ballot question committee. MCL 169.254. A knowing violation of this section is a felony, punishable by a fine of not more than \$5,000.00 or imprisonment. MCL 169.254(4). Additionally, Michigan Administrative Rule 169.35 prohibits the treasurer of a committee, other than a ballot question committee, from accepting a contribution written on a check from a corporate account. A person who violates this provision may be subject to a civil fine of up to \$1,000.00 per violation plus triple the amount of each improper contribution. MCL 169.215(11), (15).

Mr. Tomczyk alleges that you have filed incomplete or inaccurate reports and that you have accepted contributions from prohibited sources.

The purpose of this letter is to inform you of the Department's examination of these matters and your right to respond to the allegations before the Department proceeds further. <u>It is important to understand that the Department is neither making this complaint nor accepting the allegations as true.</u>

William Federspiel May 16, 2016 Page 2

If you wish to file a written response to the complaint, you are required to do so within 15 business days of the date of this letter. Your response may include any written statement or additional documentary evidence you wish to submit. All materials must be sent to the Department of State, Bureau of Elections, Richard H. Austin Building, 1st Floor, 430 West Allegan Street, Lansing, Michigan 48918. If you fail to submit a response, the Department will render a decision based on the evidence furnished by the complainant.

A copy of your reply will be provided to Mr. Tomczyk, who will have an opportunity to submit a rebuttal statement to the Department. After reviewing all of the statements and materials provided by the parties, the Department will determine whether "there may be reason to believe that a violation of [the MCFA] has occurred [.]" MCL 169.215(10). Note that the Department's enforcement powers include the possibility of entering a conciliation agreement, conducting an administrative hearing, or referring this matter to the Attorney General for enforcement of the criminal penalty provided in section 41(4) of the Act.

If you have any questions concerning this matter, you may contact me at (517) 241-0395.

Sincerely, Levi S. Bombones

L'ori A. Bourbonais Bureau of Elections

Michigan Department of State

c: Joseph J. Tomczyk

Reset Form

This complaint form may be used to file a complaint alleging that someone violated the Michigan Campaign Finance Act (the MCFA, 1976 PA: 388, as amended: MCL 169.201 et seq.).

Please print or type all information.

Section 1. Complainant		
Joseph J. Tomczyk		Daytime Telephone Number 517-230-6866
Mailing Address		
PO Box 113	State	Zip
St. Johns	MI	48879
Section 2. Alleged Violator		
William Federspiel		
Mailing Address 2159 Manchester Dr.		
City Saginaw	State	^{Zip} 48609
Sectioni3. Alleged Violations (Use additional sheet	t if more space i	s needed.)
Section(s) of the MCFA violated: Section 26(2) [MCL	169.226(2)]	3
Explain how those sections were violated:		
Summary Page: Column II (Cumulative Th	nis Election	Cycle) is blank.
Evidence that supports those allegations (attach copies of pertinent do See Attached Exhibit, Exhibit Page 2	cuments and other in	formation)
See Attached Exhibit, Exhibit 1 age 2		

Reset Form

This complaint form may be used to file a complaint alleging that someone violated the Michigan Campaign Finance Act (the MCFA, 1976 PA 388, as amended; MCL 169.201 *et seq.*).

Please print or type all information.

Section 1. Computation	86.157 127 127 127 127 127 127 127 127 127 12		
Joseph J. Tomczyk		Daytime Telephone Number 517-230-6866	
Mailing Address PO Box 113			
St. Johns	State MI	^{Zip} 48879	
Section 2. Alleged Violator			
Name William Federspiel			
Mailing Address 2159 Manchester Dr.			
City Saginaw	State	^{Zip} 48609	
Section 3. Alleged Violations (Use additional she	et if more snace i	(hehear s	
Section(s) of the MCFA violated: Section 26(1)(j) [MC			
Explain how those sections were violated:			
Summary Page: Item 6a shows Itemized I	Expenditures	s of \$7,382.36. There is	
no filing of Schedule 1B, Itemized Expend	itures to sup	port these disbursements.	
Evidence that supports those allegations (attach copies of pertinent do See Attached Exhibit, Exhibit Page 2	ocuments and other in	uformation):	
		(0	
		<u> </u>	

Reset Form

This complaint form may be used to file a complaint alleging that someone violated the Michigan Campaign Finance Act (the MCFA, 1976 PA 388, as amended; MCL 169.201 *et seq.*).

Please print or type all information.

Section 1. Complainant

Joseph J. Tomczyk		Daytime Telephone Number 517-230-6866
Mailing Address PO Box 113		
St. Johns	State MI	^{Zip} 48879
Section 2. Alleged Violator		
William Federspiel		
Mailing Address 2159 Manchester Dr.	1300	
City Saginaw	State MI	^{Zip} 48609
Section 3. Alleged Violations (Use additional sheet	et if more space	is needed.)
Section(s) of the MCFA violated: Section 26(1)(e) [MC	CL 169.226(1)(e)]
Explain how those sections were violated: Itemized Contributions Sch. 1A has one he	undred sixty	y-one (161) separate
contributions listed. None of the listings sl	now anythin	g in Item 7 (Cumulative for
the Election Cycle for Each Contributor).	<u> </u>	×
Evidence that supports those allegations (attach copies of pertinent do See Attached Exhibit, Exhibit Pages 4-7 &		nformation):
	-	

Reset Form

This complaint form may be used to file a complaint alleging that someone violated the Michigan Campaign Finance Act (the MCFA, 1976 PA 388, as amended; MCL 169.201 et seq.).

Please print or type all information.

Section 1. Complainant		Daytime Telephone Number	
Joseph J. Tomczyk		517-230-6866	
Mailing Address	pro 189		
PO Box 113	State	Zip	
St. Johns	MI	48879	
Ot. Commo	10.70		
Section 2. Alleged Violator			
William Federspiel			
Mailing Address 2159 Manchester Dr.			
Saginaw	State	^{Zip} 48609	
Section 3. Alleged Violations (Use additional she	et if more space i	s needed.)	
Section 5. Aneger violations (escalational sie	et it more space.		
Section(s) of the MCFA violated: Section 26(1)(e) [MC	CL 169.226(1)(e)]	
Explain how those sections were violated:			
Itemized Contributions Sch. 1A: There are	two anonyr	nous contributions for \$20.00	
each for a total of \$40.00. No name or ac	Idress is liste	ed	
Evidence that supports those allegations (attach copies of pertinent de	ocuments and other in	nformation):	
See Attached Exhibit, Exhibit Page 31			
<u> </u>	x		
		No.	

Reset Form

This complaint form may be used to file a complaint alleging that someone violated the Michigan Campaign Finance Act (the MCFA, 1976 PA 388, as amended; MCL 169.201 *et seq.*).

Please print or type all information.

Section 1. Complainant			
Joseph J. Tomczyk	Daytime Telephone Number 517-230-6866		
Mailing Address	317-200 0000		
PO Box 113			
St. Johns	State MI	^{Zip} 48879	
Section 2. Alleged Violator			
William Federspiel			
Mailing Address 2159 Manchester Dr.			
City Saginaw	State M1	48609	
Section 3. Alleged Violations (Use additional she	er if more space	is needed.)	
Section(s) of the MCFA violated: Section 54(1) [MCL			
Explain how those sections were violated: Itemized Contributions Sch. 1A: Contributions	on of \$120	.00 from Local Union #557,	
International Brotherhood of Electrical Wo	orks is a lab	oor organization.	
Evidence that supports those allegations (attach copies of pertinent do See Attached Exhibit, Exhibit Page 4, 51,	& 52	information):	
Website Posting of history and contact in	formation fo	or the Union Local	
=			

Reset Form

This complaint form may be used to file a complaint alleging that someone violated the Michigan Campaign Finance Act (the MCFA, 1976 PA 388, as amended; MCL 169.201 *et seq.*).

Please print or type all information.

A Commission of the Commission		
Section 1. Complainant		Daytime Telephone Number
Joseph J. Tomczyk		517-230-6866
Mailing Address		
PO Box 113		
City	State MI	48879
St. Johns	1411	
Section 2. Alleged Violator		
Name		
William Federspiel		
Mailing Address 2159 Manchester Dr.		
City	State	Zip
Saginaw	MI	48609
Section 3. Alleged Violations (Use additional she	et if more space i	s needed.)
Section(s) of the MCFA violated: Section 54(1) [MCL	169.254(1)]	
Explain bow those sections were violated:		
Itemized Contributions Sch. 1A: Contribut	ion of \$300.0	00 from Lake State Railway.
This is a Domestic Profit Corporation as res	earched thro	ugh the Michigan Department
of Licensing and Regulatory Affairs (http://	//www.dleg.s	state.mi.us)
Evidence that supports those allegations (attach copies of pertinent do See Attached Exhibit, Exhibit Pages 6, 49	ocuments and other in	nformation):

Reset Form

This complaint form may be used to file a complaint alleging that someone violated the Michigan Campaign Finance Act (the MCFA, 1976 PA 388, as amended; MCL 169.201 *et seq.*).

Please print or type all information.

Section 1. Complainant

Your Name		Daytime Telephone Number
Joseph J. Tomczyk	517-230-6866	
Mailing Address PO Box 113		t -
City	State	Zip
St. Johns	MI	48879
Section 2. Alleged Violator		位置的 经发生 化对应性
William Federspiel		
Mailing Address 2159 Manchester Dr.		
Saginaw	State	^{Zip} 48609
Section 3. Alleged Violations (Use additional she	et if more space i	s needed.)
Section(s) of the MCFA violated: Section 26(1)(e) [MC	CL 169.226(1)(e)]
Explain how those sections were violated:		
Itemized Contributions Sch. 1A: \$100.00	contribution	from David Ortega. There
	.	
is no address listed.		
Evidence that supports those allegations (attach copies of pertinent do	cuments and other in	formation):
See Attached Exhibit, Exhibit Page 4		
		· · · · · · · · · · · · · · · · · · ·

92	
ection	n 4. Certification (Required)
	I certify that to the best of my knowledge, information, and belief, formed after a reasonable inquiry under the circumstances, each factual contention of this complaint is supported by evidence.
ζ.	Signature of Complainant Date
Soutic	on 5. Certification without Evidence (Supplemental to Section 4)
ectior	n 15(6) of the MCFA (MCL 169.215) requires that the signed certification found in a 4 of this form be included in every complaint. However, if, after a reasonable inquiry the circumstances, you are unable to certify that certain factual contentions are supported dence, you may also make the following certification:
	I certify that to the best of my knowledge, information, or belief, there are grounds to conclude that the following specifically identified factual contentions are likely to be supported by evidence after a reasonable opportunity for further inquiry. Those specific contentions are:
X _	Signature of Complainant Date
resp	ion 15(8) of the MCFA provides that a person who files a complaint with a false certification onsible for a civil violation of the MCFA. The person may be required to pay a civil fine of u 1,000.00 and some or all of the expenses incurred by the Michigan Department of State and the ged violator as a direct result of the filing of the complaint.

Mail or deliver the completed complaint form and evidence to the following address:

Michigan Department of State
Bureau of Elections
Richard H. Austin Building – 1st Floor
430 West Allegan Street
Lansing, Michigan 48918



CANDIDATE COMMITTEE COVER PAGE

CANDIDATE COMMITTI COVER PAGE	EE	151 1	FILEDFOR OFFICE	AL USE ONLY
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	signed by indidate.	3. This Statement covers From	GP/21/15 Gp 210	0/20/15
1. Committee I.D. Number 101232	= T	4. Candidate Last Name Federspiel 4a. Office Sought Including Dis	- DO - PC	
2. Committee Name		Sheriff	COO.	
Federspiel for Sheriff		4b. County of Residence SAG	BWARPUTY CLEIN	
5. Committee's Mailing Address P.O. Box 5281 Saginaw, MI 48603		6. Treasurer's Name & Resider Mandy Federspiel 2159 Manchester Dr. Saginaw, MI 48609	Illiai Audiess	
Area Code and Phone (989) 714-0968 If the address in this box is different from the commi malting address on the Statement of Organization, rube sent to this address by the filing official.	itee nail may	Area Code & Phone (989) 7	14-0968	
7. Treasurer's Business Address N/A		B. Designated Record keeper's Designated Record keeper's N/A	s Name and Malling Address (If the committee has a
Area Code and Phone		Area Code and Phone	e	
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	is not on the current year July Quar October C 9c. Annua 9d, Amer (Com	derly Quarterly al Statement () Coverage Year adment to Campaign Statement plete item 9a, 9b, 9c or 9e to ate which Statement is being	by the committee to the candiby discharged and forgiven, at the committee. The committee owes no lates fees or has any Further, if the dissolution can considered a request for the factive date of discourse of the factive discourse of the factive date of discourse of the factive discourse of the factive date of date	Ve certify any outstanding debt idate or his or her spouse is here and no longer collectible from see has no oustanding assets, voustanding debt. The granted, that this be Reporting Walver. Seclution
10. Verification: I/We certify that all reasonable dilige my/our knowledge and belief the contents are true, a	ence was used	in the preparation of this stateme	ent and attached schedules (if	any) and to the best of
Current Treasurer or Designated Record keeper Type or Print Name		, Manchy B to	derop. O Date	10/20/15
Candidate William L. Federspiel		, MM Lady	Date	10/20/15
Type or Print Name		Signature	: E	xhibit Page 1

1. Committee I.D. Number 101232

SUMMARY PAGE

2. Committee Name Committee To Elect Bill Federspiel Sheriff

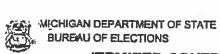
CANDIDATE COMMITTEE	2. Comming Name	Column II
RECEIPTS	Column I This Period	Cumulative this election cycle
. Contributions	44 425 00	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 11,435.00	
b. Uniterrized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	- 4
c. Subtotal of "Contributions"	(3c.) \$ \$11,435.00	(18.) \$
Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$0.00	(19.)\$
i, TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$11,435.00	(20.) \$
N-KIND CONTRIBUTIONS & EXPENDITURES	40.00	2
i. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$0.00	(21.) \$
7. In-Kind Expanditures (Schedule 18-IK, Column 6)	(7.) \$ \$0.00	(22.) \$
EXPENDITURES		
3, Expenditures	87 000 2C	
a. Itemized (Schedule 18, Column 6)	(8a.) \$ \$7,382.36	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ \$0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(8.) \$ \$7,382.36	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ \$0.00	
b. Uniternized (less than \$50.01 each - no Schedule)	(106.)\$ \$0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ \$0.00	(24.)\$
DEBTS AND OBLIGATIONS 12. Debts and Obligations	9	
a. Owed by the Committee (Schedule 1E)	(12a.) \$ \$0.00	N. II
b. Owed to the Committee (Schedule 1E)	(12b.) \$ \$0.00	
	BALANCE STATEMENT (13.) \$ \$2,699.61	
 Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 	(13.) \$ \$2,095.01 (14.) + \$ \$11,435.00	-
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ \$ 11,705.00 \$14.134.61	-
15 SUBTOTAL Add lines 13 and 14	(15.) = \$ \$14,134.61	-
15. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ \$7,382.36	_
17. ENDING BALANCE	(17.) \$ \$6,752.25	•
(Subtract line 16 from line 15)	****	



FUND RAISER SCHEDULE 1F

101232 1. Committee I.D. Number

FUND RAISER SC	HEDULE	: 1F '''	COINI	IIII III III III III III III III III I			
CANDIDATE COMMITTEE 2. Committee Name Committee to El					Elec	t Bill Federspiel Sheriff	
	- USE A	SEPARATE	SHE	ET FOR EACH EVEN		4	
3. Date Event Was Held	4. Number or Participa greater)	ber of Individuals Attending cipaling (whichever is		5. Type of Fund Raising Activity		6. Address and Name (If any) of place where the activity was held Beech Hollow	
09/11/15		75		Golf Outing		7494 Hospital Rd Freeland, MI 48623 Private Residence	
7. Total Contributions		\$5,625.0	0_				
8. Other Receipts		\$0.00					
9. Gross Receipts (Add lines 7	and 8)	\$5,625.0					
10. Total Cost of Event (Total Cost includes In-Kind Co	ontributions	\$3,513.0 and All Expendit	0 tures	Made For the Event)			
11. Check if event was a ju	oint fund ra	iser and complete	e the	following:		- M	
Co-Sponsor(s)		Contributi (%)		plit		Expenditure Split (%)	
	_			2.6		70	
						. (48	
	_						
	-						
T)	_						
The committee is requ	uired to file	a separate Fund	Rais	er Schedule for each fund	raisin	g event held during the	
period covered by the	Campaigr	Statement	ve Sc		ted on	the Itemized Contributions	
Burney Dogo				must file a Fund Raiser So			
a1 at1							

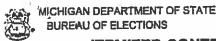


CANDIDATE COMMITTEE

101232 1. Committee I.D. Number

Committee To Elect Bill Federspiel Sheriff 2. Committee Name

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 8-31-15 Name & Address: Praff, Jeff 100219. Graham Nd St Charles MI 481055	s 300.00	
5. If over \$100.00 cumulative, please provide:	\$500100	E
	Click Here fo	r Memo Itemization
Occupation Bus Owner Employer ACOTA Tree Service Business Address 10021 S. Graham Rd St Charles MI 4	RIOSC	
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 8-31-15		
Tiggleman, Craig F 800 E Nariock Rd maplitudy MI 49664	\$ 300.00	\$
5. If over \$100,00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation V.P Employer Canteen Services		38.4
Business Address 905 N. Church St Tekonshami 49092		
Type of Contribution: Direct Loan from a person Fund Raiser		-= = = =
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 8-31-15		
Banculio Leonard Jr 38609 Grossbeck Hux	, 900. W	
Clinton Two Int 48035	\$ 100.00	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Mgr Employer Pancillo + ASSOC		
Business Address 36809 Groes buck Hwy Ointon Tw	pmI48	CB5
Type of Contribution: Direct Loan from a person X Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 8-31-15	·	
Ferchau, Luan abai w. more ed		
abal w. more to	\$ 300,00	63
Sagraw MI 48601	\$ _)00700	·\$
5. if over \$100.00 cumulative, please provide:	Click Here for I	Memo Itemization
Occupation Ketired Employer		
Business Address		
Type of Contribution: Direct Loan from a person Y Fund Raiser	-	
Page Subtotal	18co, W	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	238	
	Enter this total on line 3a of Summary⊟x Page.	chibit Page 4



Page 2 of 7

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number 101232

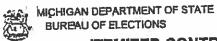
Committee To Elect Bill Federspiel Sheriff CANDIDATE COMMITTEE 2. Committee Name 7. Cumulative for Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Contributor (Through Committee (PAC) Report all contributions regardless of amount. date of receipt) PAC Receipt? YES 4. Date of Receipt 3. Contribution # 1 Name & Address: McDonald III, Thomas W. 11940 Spencer Rd Sagram MF 48609 300,*0*0 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Employer McDonal Occupation IY anader go midland Rd Free Business Address 🕡 Type of Contribution: PAC Receipt? YES 4. Date of Receipt 9-11-15 3. Contribution #2 Stoltenberg, Jeanette 612 mil Creek Gt 375.D 2110 MI 48420 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Occupation Supervisor Business Address 6452 Mil **Fund Raiser** Direct Type of Contribution: Loan from a person 3. Contribution #3 9-11-15 4. Date of Receipt Name & Address: 300.W ginaw mit 48609 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Occupation 12 et red Employer Business Address Type of Contribution: Loan from a person Fund Raiser PAC Receipt? 4. Date of Receipt 3. Contribution #4 YES Hart, Philip J. 918 Blanchard D 300,00 Flint MI 48503 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation Undersheri FF Employer S Fund Raiser Type of Contribution: Direct Loan from a person Page Sublotal 17.75.00 Grand Total of All Schedules 1A

(Complete on last page of Schedule)

Enter this total on

Page.

line 3a of Summar Exhibit Page 5



CANDIDATE COMMITTEE

1. Committee I.D. Number 101232

2. Committee Name Committee To Elect Bill Federspiel Sheriff

CANDIDATE COMMITTEE	7 Complettus for
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.	ne, 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 0-11-15 Name & Address: hake State Railway 750 N. Washington Hue Sagraw MT 48607 5. If over \$100.00 cumulative, please provide: Occupation Employer	\$ 300,00 \$Click Here for Memo Itemization
Business Address Type of Contribution: Disput Logg from a person Fund Raiser	-
Type of Contribution. Direct Contribute Quality	
Name & Address Stevens, Grow Kerins 11377 Hill bridge Ct Freeland, MT 48603 5. If over \$100.00 cumulative, please provide:	s 308. UD s
Business Address 618 Coss St Saginaw MT 48	600
Business Address Thomas Fund Raiser	
Type of Commodulon: Direct	
3. Contribution #3 PAC Receipt? XYES 4. Date of Receipt 9-11-15 Name & Address: Plumburs + Steam F. Hers BS P. A.C.	\$ 300,00 s
5. If over \$100.00 cumulative, please provide:	
Occupation Employer	<u> </u>
Business Address	-
Type of Contribution: Direct Loan from a person X Fund Raiser	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 9-11/5 Name & Address Beyor lein, blother 8781 Wilderness Freetand NF 48623	;75.W ;
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
OccupationEmployer	
	Subtotal 975.0
Grand Total of All Sched (Complete on last page of Sc	ules 1A inedule) Enter this total on
Page 3 of 7	line 3a of Summapskhibit Page 6 Page.



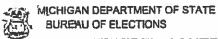
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

ANDIDATE COMMITTEE

1. Committee I.D. Number 101232

	Committee To Elect Bill Federspiel Sherif
Committee Name	24

CANDIDATE COMMITTEE 2. Committee Ivanie		7 Cumulative for
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 9-11-15 Name & Address: Deuter, Lance 2040 Cornerstone Pr 1040 Cornerstone 48858	,75.0	\$
5. If over \$100.00 cumulative, please provide: Occupation Circuit Ct. Admin Employer Saginaw Cty Business Address III S. Michigan Aue Saginaw MT486		or Memo Itemization
Type of Contribution: Direct Loan from a person N Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-11-15		
Staman Karen M. 1815 Cass St Saginawhy 48602	<u> </u>	\$
5. If over \$100.00 cumulative, please provide: Occupation Circums Employer Sagnaw Cty Business Address 1115, Michigan Aue Sagnaw M.	711 77	or Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Q-11-15 Name & Address: Beginnine 3816 N. Thomas Raiser Free land MT 48623	<u>\$ 75.00</u>	_ \$
5. If over \$100.00 cumulative, please provide: Occupation Circut Ct Employer Scap Cty Business Address 111 S. Michigan Ave Saginaum Ty Type of Contribution: Direct Loan from a person Fund Raiser		or Memo Itemization
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt Q-11-15 Name & Address Maddov, Dawn Bale morganist Sagnawy T 4860	: 75.0D	. \$
5. If over \$100.00 cumulative, please provide: Occupation Claub G Employer Sag Gy Business Address 111 S. M. Chigan Aue Scegn New M. Time of Contribution: Clause Theorem a person Sund Raiser		for Memo Itemization
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CANDIDATE COMMITTEE

1. Committee I.D. Number 101232

2. Committee Name

Committee To Elect Bill Federspiel Sheriff

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 9-11-15 Name & Address: McColgan John 1115. Wichigan Aue Saginaud MT04.8600	<u>575,0</u> <u>5</u>
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Boyd, Chris 1118. Michigan Aue Sagrinaw MI 48600	\$75.00 s
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
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3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9-11-15 Name & Address: Oradie 1115. Michigan Aue Saginaw MT 48600	\$75.00 s
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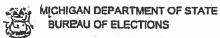
CANDIDATE COMMITTEE

1. Committee I.D. Number __101232

2. Committee Name

Committee To Elect Bill Federspiel Sheriff

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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)
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CANDIDATE COMMITTEE

1. Committee I.D. Number __101232

2. Committee Name Committee To Elect Bill Federspiel Sheriff

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 Eech Contributor (Through date of receipt)
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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 101232

2. Committee Name

Committee To Elect Bill Federspiel Sheriff

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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	Election Cycle for Each Contributor (Through date of receipt)
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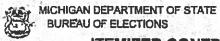


FUND RAISER SCHEDULE 1F

1. Committee I.D. Number 101232

2 Committee Name	Committee to	Elect	Bill	Federspiel Sheriff

CAMPIDATE GO		2. Com	mittee Name	
	- USE A	SEPARATE SH	EET FOR EACH EVEN	VT -
3. Date Event Was Held	4. Number or Participa greater)	of Individuals Attending ating (whichever is	5. Type of Fund Raising Activity	Coty's Landing
07/23/15	7	290	Corn Roast	777 Midland Rd Saginaw, Mi 48638 Private Residence
7. Total Contributions		\$5,810.00		
8. Other Receipts		\$0.00		9
9. Gross Receipts (Add lines 7	and 8)	\$5,810.00		
10. Total Cost of Event (Total Cost includes In-Kind Co	ntributions	\$1,797.68 and All Expenditure	s Made For the Event)	
11. Check if event was a jo	oint fund re	aiser and complete the	e following:	
Co-Sponsor(s)		Contribution (%)	Split	Expenditure Split (%)
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				mining event held during the
 period covered by the Receipts and expendi Schedule (1A), Itemiz 	Campaigr tures listed ed In-Kind	n Statement. I on a Fund Raiser Soled Contributions Sched	chedule must also be report	raising event held during the ted on the Itemized Contributions litures Schedule (1B) and the chedule for the event.
Page 1 of 1				



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number

101232

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Committee To Elect Bill Federspiel Sheriff

Enter contributor's nammiddle initial. Check be Committee (PAC) Repo	x to indicate if contr	ontribution is from an Indivibution is from a Political C agardless of amount.	dual, enter last name committee or en Indep	, first name, pendent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Local Unio Internation of Electrical 7303	U BULOHO	rhood og ode:	Receipt 1-22	ی-	s 120.00 Click Here f	\$or Memo Itemization
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ame & Address: Horpiel Lo PO BOL 5 Sagnation If over \$100.00 cumu occupation usiness Address Type of Contribution:	MI 480	න	Fund Raise		\$ 600,00 Click Here fo	sr Memo Itemization
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ame & Address Ortega, T	David				\$ 100.00	\$
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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number

CANDIDATE COMMITTEE 2. Committee Name Comm	ittee to Elect B	ili Federspiei Snerin
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 7-23-15 Name & Address:		
5036 Starchelling 48094 Washington Tup, MI 48094	\$400.00	, <u>\$</u>
5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Occupation President Employer Home Confinement	5	
Business Address 36809 Groes bed Huby Climon Tup 4003	J	
Type of Contribution: Direct Loan from a person X Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7-23-10		
Name & Address Hare, Harold 12135 Swan Creek to	\$ 50.₩	\$
Scar Store \$100,00 cumulative, please provide:	Click Here t	for Memo Itemization
OccupationEmployer		
Business Address		8
Type of Contribution: Direct Loan from a person X Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-23-15 Name & Address: Lask, Margaret P. 1350 Fischer Dr Saginum MI 48601 5. If over \$100.00 cumulative, please provide: Occupation Retired Employer	S HO, W	\$for Memo Itemization
Business Address Type of Contribution: Direct Loan from a person X Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7-23-15 Name & Address	*5	
Grzesiak, Karen 4385 Louisest	· 40,00	
Sag i raw M 48603 5. If over \$100,00 cumulative, please provide:	Click Here	for Memo Itemization
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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

101232 1, Committee I.D. Number

Committee Name	Committee To	Elect Bill	Federspiel Sheriff
Committee Name	111111111111111111111111111111111111111		

CARDIDATE COMMITTEE 2. Committee Name		······································
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 7-23-15 Name & Address: Gray, Phylls 1615 Liberty Rd	_	
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5. If over \$100,00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Potred Employer		
Business Address		
Type of Contribution: Direct Loan from a person X Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7 - 23 - 15		
Overdier Frederick		
4301 Fashion Square Bib	:30,00	s
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5. If over \$190,00 cumulative, please provide:	Click Here for	Memo Itemization
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3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-23-15		
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3175 midland 10	\$ 10,00	<u>\$</u>
5 agraw MJ 48603 5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
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Type of Contribution: Direct Loan from a person X Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7_a3-15		
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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

101232 1, Committee I.D. Number

2. Committee Name Committee To Elect Bill Federspiel Sheriff

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 7-23-15		
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Duggan, Patrick 218 Oardale Dr	: 90.00	\$
Bay Cody MI 48706		
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3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-33-15 Name & Address: Hadsall, Chury 12300 Galz Business Address 58206 ratiot Saginau May 48638 Type of Contribution: Direct Loan from a person X Fund Raiser	\$ 50.00 Click Here for	\$ Memo Itemization
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt		
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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 101232

2. Committee Name

Committee To Elect Bill Federspiel Sheriff

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 7-23/15 Name & Address: CD1/ison, Jeffrey 5811 Colony Or N Scannaw MF 48638 5. If over \$100.00 cumulative, please provide:	S HO, W	\$or Memo Itemization
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Page 35 of 1

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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Nümber 101232

Committee To Elect Bill Federspiel Sheriff 2. Committee Name

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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1.	Committee	I.D.	Number	

101232

CANDID	ATE	COM	MIT	TEE
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Committee To Elect Bill Federspiel Sheriff

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)
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3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 7—23-15 Name & Address: Dietrich; Grea LL9 S. man St Franken muth M 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address	s <u>SU</u> C Click Here t	sfor Memo Itemization
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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

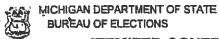
CANDIDATE COMMITTEE

1. Committee I.D. Number _____101232

Committee To Elect Bill Federspiel Sheriff 2. Committee Name

GAIDIDATE COMMITTEE		7.0
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 133-15 Name & Address: Tibbs Demond 4 2013 Contribution: YES 4. Date of Receipt 133-15 Supplied 4 Block 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Fund Raiser	s_Qo.W Click Here fo	\$ or Memo Itemization
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Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-23-15 Name & Address: De Francisco Joseph 320 Superior 5091 Now MI 48600 6. If over \$100.00 cumulative, please provide: Occupation Retired Employer	s 50,00 Click Here fo	ss r Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser		15
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7-23/5 Name & Address NCINTYR TOM 30D Wienelle Dr. Saginar My 4868 5. If over \$100.00 cumulative, please provide: Occupation Employer Saginar Cty Business Address 618 Cass Sag My 1860 Type of Contribution: Direct Loan from a person Fund Raiser	\$ 100.00 Click Here fo	or Memo Itemization
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CANDIDATE COMMITTEE

101232 1. Committee I.D. Number

Committee To Elect Bill Federspiel Sheriff

CANDIDATE COMMITTEE 2. Commutee Name		
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 -0.3-1.5 Name & Address: White Machael Your State of Receipt 7 -0.3-1.5 1 800 Muchael Your State of Receipt 7 -0.3-1.5 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Loan from a person Fund Raiser	s 40,00 Click Here fo	s r Memo Itemization
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt]—23—17 Name & Address Piver bend Preserve 1728 N. Graham Nd Sag nw 173 4860 5. If over \$100.00 cumulative, please provide: OccupationEmployer Business Address Type of Contribution: Direct Loan from a person X Fund Raiser	s 400,00 Click Here fo	sr Memo Itemization
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-23-15 Name & Address: COLLISON, JOSEPH T. SOLLING THE USE TO SUPPLY THE SUPPLY THE PROPERTY TO SUPPLY THE PROPERTY THE PROPERT	s 40,00 Click Here for	\$ Memo Itemization
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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number _

101232

2. Committee Name
Committee To Elect Bill Federspiel Sheriff

CANDIDATE COMMITTEE 2. Committee Name		
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 PAG Receipt? YES 4. Date of Receipt 733-15 Name & Address: THM Investments Loa Hance Clist Saginary MJ 48602. 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person X Fund Raiser 3. Contribution #2 PAG Receipt? YES 4. Date of Receipt M_23-15 Name & Address O'neill Wallace Dayle P. 300 St. Andrews Rd Saginary MI 48638 5. If over \$100.00 cumulative, please provide: Occupation Employer	* 900'(D)	sor Memo Itemization s for Memo Itemization
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Page 10 of 1



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

COMMITTEE

1. Committee I.D. Number ______101232

2. Committee Name Committee To Elect Bill Federspiel Sheriff

CANDIDATE COMMITTEE 2. Committee Name	Amount 7. Cumulative for
Enter contributor's name and address. If contribution is from an individual, enter last name into 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. Amount Flection Cycle for Each Contributor (Through date of receipt)
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3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-03-15	
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But my 48417 5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
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Page 1 of 1	င တျွမ



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 101232

2. Committee Name	Committee	To	Elect	Bill	Federspiel	Sheriff
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Enter contributor's name middle initial. Check bo	x to indicate if cont	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through		
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Burt M	7 4841	7		Click Here f	or Memo Itemization
5, If over \$100,00 cum					-
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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number

101232

Committee To Elect Bill Federspiel Sheriff 2. Committee Name CANDIDATE COMMITTEE 7. Cumulative for Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount Election Cycle for Each middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Contributor (Through date of receipt) Committee (PAC) Report all contributions regardless of amount. 4. Date of Receipt PAC Receipt? YES 3. Contribution # 1 Name & Address: Click Here for Memo Itemization Scannow 5. If over \$100.00 cumulative, please provide: Employer Occupation . Business Address _ **Fund Raiser** Loan from a person Type of Contribution: 4. Date of Receipt YES PAC Receipt? Contribution #2 Name & Address Housby, Dan BUH MI 48417 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Employer_ Occupation _ Business Address Fund Raiser Loan from a person Type of Contribution: 4. Date of Receipt PAC Receipt? 3. Contribution #3 200 C Click Here for Memo Itemization agnawr 48601 5. If over \$100.00 cumulative, please provide: Employer_ Occupation_ **Business Address Fund Raiser** Loan from a person Type of Contribution: Direct 4. Date of Receipt PAC Receipt? T YES 3. Contribution #4 Name & Address Alderman, Dan 7a10 Tom Crasswell 5091 now m 4860)
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Employer _ Occupation_ **Business Address** Fund Raiser Loan from a person Type of Contribution: Direct Page Subtotal

Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on line 3a of Surringry Page 25

Page 13 of 1



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number __101232

2. Committee Name Committee To Elect Bill Federspiel Sheriff

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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 7-23-15 Name & Address: Frank Tom 602 Honoace	, ZO (J)					
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618 Cass St	<u>නෙ0\ග</u>	\$				
Saginew my 48600	Click Here for	Memo Itemization				
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3001 naw my 48600		\$				
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Page 14 of 1

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

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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number ______101232

Committee To Elect Bill Federspiel Sheriff

CANDIDATE CONTRICT EE 2. Committee Name		190
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 7-23-15 Name & Address: Some Z. Victor 12595 How Lins Ray Ourt mil 484) 5. If over \$100.00 cumulative, please provide: Occupation	s BO.(1) Click Here for	sor 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 23-15 Name & Address Sawyer, Mart THBO NEFF RD Mt. Morris MT 48458	\$ 20.W	\$
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Business Address	W 10	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7-33-15 Name & Address Seaman Steve 3800 W- Cutis Rd Sagman MI 4800 5. if over \$100.00 cumulative, please provide: Occupation Employer	Click Here fo	\$r Memo Itemization
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Page 15 of 1

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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number 101232

Committee To Elect Bill Federspiel Sheriff

CANDIDATE COMMITTEE 2. Committee Name 5511	IIIIIIII —	
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 7-23-15 Name & Address: Smith, Douglas Tale! Temples Sheet (d) Sage was mit 48 (ac) 5. If over \$100.00 cumulative, please provide: Occupation	5 20,00	ssssfor Memo Itemization
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Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7-25-15 Name & Address BOF, Glen 10043 Shundan NA Burt MT 4860 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	s 20.00 Click Here	for Memo Itemization
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Page 16 of 1

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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number 101232

Committee To Elect Bill Federspiel Sheriff

CANDIDATE COMMITTEE 2. Committee Name	6 Amount 7. Cumulative for
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 Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7-23 1.5 Name & Address: Gallagos, Ricardo Co299 Belman D Sopring Mills Willed 8. If over \$100.00 cumulative, please provide: Occupation Employer	S_OC. (1) S Click Here for Memo Itemization
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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number

101232

Committee To Elect Bill Federspiel Sheriff

CANDIDATE COMMITTEE 2. Committee Name	initee to Elect 2	
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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 101232

Committee To Elect Bill Federspiel Sheriff 2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, fill middle initial. Check box to indicate if contribution is from a Political Committee or an independent (PAC) Report all contributions regardless of amount.	rst name, 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7-23-Name & Address: OMEZ, Wiguel Let B Cass St. Sognacu MT 48600 5. If over \$100.00 cumulative, please provide:	s 20.00 \$ Click Here for Memo Itemization
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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 101232 Committee To Elect Bill Federspiel Sheriff 2. Committee Name

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)
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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

Committee To Elect Bill Federspiel Sheriff

CANDIDATE COMMITTEE 2. Committee Name 2.		
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3. Contribution#1 PAC Receipt? YES 4. Date of Receipt 7-23-LS Name & Address: KOSIN Mark 5595 Fergus Rd St. Charles, MI 48655	<u>∞,06</u> €	\$
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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number _____101232

2. Committee Name Committee To Elect Bill Federspiel Sheriff

CANDIDATE COMMITTEE 2. Continued to the	6 Amount 7. Cumulative for
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 Each Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7-23-15 Name & Address: Daly Alan Slevel Hacienda Ct Sagnaw MI48638	s 20.W s
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Name & Address Graham, Jim 3475 S. Miller 5aginawm I 48609	\$ ZO. @ \$ Click Here for Memo Itemization
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Page 100 of 1

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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

2. Committee Name

Committee To Elect Bill Federspiel Sheriff

CANDIDATE COMMITTEE		7. Cumulative for
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	Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7-23-15 Name & Address: La Bello, Ken 7-387 BrewerRd Fl. nt MT 4880 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address	SOCIUM Here f	sor Memo Itemization
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3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7-23-15 Name & Address HOffman Trudy 1040 Risecliff PT Grand Blanc MI 48435 5. If over \$100.00 cumulative, please provide: Occupation Employer	S SOVO	s or Memo Itemization
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ITEMIZED CONTRIBUTIONS

101232

TEMIZED CONTRIBUTIONS 1, Committee I.D. Number _	101232
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CANDIDATE COMMITTEE	6. Amount 7. Cumulative for
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.	Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7-23-15 larne & Address: Clear, Palma 8244 8. Farrand Clio MI 48420	s 20.00 s
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ITEMIZED CONTRIBUTIONS

101232

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	Federspiel Sheriff
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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

101232 1, 0

Committee	I,D,	Number	 U	143	-

Committee To Elect Bill Federspiel Sheriff

CANDIDATE COMMITTEE	3. Amount	7. Cumulative for
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.	5. Amount	Election Cycle for Each Contributor (Through date of receipt)
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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number

101232

2. Committee Name

Committee To Elect Bill Federspiel Sheriff

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)
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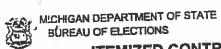
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number 101232

2. Committee Name

Committee To Elect Bill Federspiel Sheriff

CANDIDATE COMMITTEE 2. COMMITTEE		7. Cumulative for
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CANDIDATE COMMITTEE

1. Committee I.D. Number 101232

2. Committee Name

Committee To Elect Bill Federspiel Sheriff

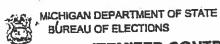
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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

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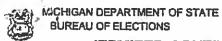
CANDIDATE COMMITTEE

1. Committee I.D. Number 101232

2. Committee Name

Committee To Elect Bill Federspiel Sheriff

CANDIDATE COMMITTEE	6. Amount 7. Cumulative for
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CANDIDATE COMMITTEE

1. Committee I.D. Number __101232

2. Committee Name Committee To Elect Bill Federspiel Sheriff

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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

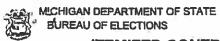
CANDIDATE COMMITTEE

1. Committee I.D. Number 101232

2. Committee Name

Committee To Elect Bill Federspiel Sheriff

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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 7-23-15 Name & Address: Hewit Bill Tol Center#2 Bay City MI 48708	, 20°° .
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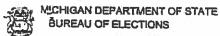
CANDIDATE COMMITTEE

1, Committee I.D. Number __101232

2. Committee Name

Committee To Elect Bill Federspiel Sheriff

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)
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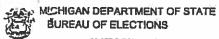


CANDIDATE COMMITTEE

1. Committee I.D. Number 101232

2. Committee Name Committee To Elect Bill Federspiel Sheriff

2. Committee Name	
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CANDIDATE COMMITTEE

1. Committee I.D. Number 101232

2. Committee Name Committee To Elect Bill Federspiel Sheriff

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Business Address Type of Contribution:	Direct	C	V	First Original		
		Loan from a person	X	Fund Raiser	· · · · · · · · · · · · · · · · · · ·	
3. Contribution #2 Name & Address	PAC Receipt?	YES 4. Date of R	(eceil	7-23-6		
Webner, Ch let 8 Cass Sagnineum n		38			\$ 120.00	\$
5. If over \$100,00 cumu	ilative, piease pro	vide:			Click Here fo	r Memo Itemization
Occupation		Employer	mb/			
Business Address	- Vije					
Type of Contribution:	Direct	Loan from a person	Z	Fund Raiser		
3. Contribution #3	PAC Receipt?	YES 4. Date of f	Recei			
Name & Address: Saginaw 4460 Sha Saginaw Saginaw S. If over \$100.00 cumu	J. MI	18603				\$Memo Itemization
Occupation		Employer	29 - 62		Dre-then	From \$1250
Business Address		76			refund.	from \$1250
Type of Contribution:	Direct	Loan from a person		Fund Raiser	permitex	Danse on 6/25/15
3. Contribution # 4 Name & Address	PAC Receipt?	YES 4. Date of	Rece	pt		
					S	}
5, if over \$100.00 cumu	lative, please pro	vide:				
Occupation		Employer			Click Here for	Memo Itemization
Business Address		·				
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
				Page Sublotal	Haal	10 10 10 10 10 10 10 10 10 10 10 10 10 1
Z, ~	,	(C		nd Total of All Schedules 1A sta on last page of Schedule)	HO (1) Enter this total on	5,810.00
Page 34 of 30	-				line 3a of Summary Page.	nibit Page 48



Searched for: LAKE STATE RAILWAY COMPANY

ID Num: 105369

Assumed Names

Entity Name: LAKE STATE RAILWAY COMPANY Type of Entity: Domestic Profit Corporation Resident Agent: BRAD B, ARBUCKLE

Registered Office Address: 840 W LONG LAKE RD STE 200 TROY MI 48098

Mailing Address: Mi

Formed Under Act Number(s): 354-1993 284-1972

Railroad records were transferred here per Act 354 of 1993 aff 01/14/1994.

Incorporation/Qualification Date: 1-31-1992

Jurisdiction of Origin: MICHIGAN

Number of Shares: 17,000

Year of Most Recent Annual Report: 15

Year of Most Recent Annual Report With Officers & Directors: 10

Status: ACTIVE Date: Present

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Vers 5.2 (43/15)

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS CORPORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU PROFIT CORPORATION INFORMATION UPDATE

2015

X On behalf of the	corporation, I certify dannual report.	that no changes ha	ve occurred in the required inf	ormation since
Identification Number	Corporation Name			
105369	LAKE STATE RAILV	VAY COMPANY		
Resident agent name and ma	alling address of the regis	tered office		
BRAD B. ARBUCKLE				
МІ				
The address of the registers	ed office]	
840 W LONG LAKE R	D STE 200			
700/11/1000				
TROY MI 48098	and the second star	ah wisa éta super proper	ed hu this remort:	
Describe the purpose and a	ictivities of the corporation	n during the year coven	ed by this report.	
	El	ectronic Signat	ture	
Filed By		Title		Phone
BRAD B. ARBUCKLE		AUTHORIZED OF	FICER OR AGENT	
X I certify that thi business entity	is filing is submitted v to make any changes	vithout fraudulent in reported herein.	tent and that I am authorized I	by the
	Pi	ayment Informa	ution	
Payment A		Payment Date/Time		br
\$75		11/02/2015 11:06:27		
1	•	THE PLANT THOUSE		

IBEW Local 557

Home Local 557 Info Apprenticeship Info Officers Michigan (BEW Contractor List Photo Gallery Contact Us

Member Login

Usemame:

Password:

Login Not registered yet? Click Here to sign-up

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Memb	er Resources
Memb	er Home
557)	OB LINE
Out O	f Work List
Wage	s & Benefits
Benef	it Plans Information
Resig	n Information
Buy U	nion Made
Event	s Calendar
Work	ing Agreements
Const	itution/Bylaws
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S M T W T F S
1 2
3 4 5 6 7 8 9
10 11 12 13 14 15 16
17 18 19 20 21 22 23
24 25 26 27 28 29 30

Organiza Today

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Local 557 - 75 years of Quality Electrical Installation

On November 29, 1929 the Charter to Local Union 557 was granted and signed by:

Fred A. Ross, W. J. Atherton, Winn Wilder, Richard Reinhardt, Alvin Darling, James Nolan, George D. Beck, Charles M. Berger, Conrad LaLonde, John R. Reams, Lester LaLonde, Charles Hendricks, Daniel Kearns, Murray Sills, Walter J. Behm, John Goodrich, and William C. Smelley.

The following facts were provided by the International Staff to the delegates at the October, 2006 International Convention in Cleveland, Ohio:

Saginaw, Michigan received their charter from the International Brotherhood of Electrical Workers on November 21, 1929. Prior to that three other cities were given the IBEW Local Union 557 designation, they were

Ryolite, Nevada in 1907 York, Pennsylvania in 1913 Minot, North Dakota in 1916.

Saginaw had three other IBEW Local Union designations prior to being assigned its current 557 designation. In 1895 Saginaw was Local Union 78, then in 1900 it was Local Union 145, and the last designation was Local Union 476 in 1913 before finally becoming Local Union 557 in 1929.

There also was an lineman local in Saginaw, Local Union 831 that was amalgamated with Local Union 17, of Detroit, in 1936.

The other IBEW Local Union in our area was in Local Union 1288 in Caro, established in 1941 which ceased to exist in 1944.

Support your local unions.

Contact Elected Officials

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Important Links

IBEW

IBEW Hour Power

Union Sportsman

Working Electricians

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NJATC

AFL-CIO

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Enter Zip

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IBEW Local 557

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557 JOB LINE

Out Of Work List

Wages & Benefits

Resign Information

Buy Union Made

Events Calendar

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Working Agreements

Constitution/Bylaws

April 2016

Benefit Plans Information

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Local 557 Info Username:

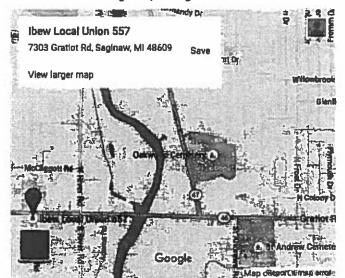
SHARE DYE

Office Hours

Monday - Friday

Phone: (989) 781-0516

7303 Gratiot Road



7:00am - 4:30pm

Contact

Fax: (989) 781-0563

Job Line

Call (989) 781-0516 after 5 pm and hit 411 to listen to our job line, all calls will

be posted before being filled. Please have your page and line numbers avallable.

Where We Are

Local Union 557 Saginaw, Michigan 48609

View Larger Man

Organize Today

25 26 27 28 29 30

Learn more about organizing your workplace!

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Exhibit Page 52

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Voter Info

Weather Report

GO Enter Zip

Reset Form

2016 16 7 - 9 15 4: 13

This complaint form may be used to file a complaint alleging that someone violated the Michigan Campaign Finance Act (the MCFA, 1976 PA 388) as amended; MCL 169.201 et seq.).

Please print or type all information.

Section 1. Complainant			
Your Name Joseph J. Tomczyk		Daytime Telephone Number 517-230-6866	
Mailing Address PO Box 113		011 250 5555	
City	State	Zip	
St. Johns	MI	48879	
Section 2. Alleged Violator			
Name William Federspiel			
Mailing Address 2159 Manchester Dr.	V 18833		
Saginaw Saginaw	State MI	^{Zip} 48609	
Section 3. Alleged Violations (Use additional she	ifimore space	is needed.)	
Section(s) of the MCFA violated: Section 26(2) [MCL			
Explain how those sections were violated:			
Summary Page: Column II (Cumulative T	his Election	Cycle) is blank.	
Evidence that supports those allegations (attach copies of pertinent do	cuments and other in	formation):	
See Attached Exhibit, Exhibit Page 2			
	1014700-20162-1		
	505 - Eu		

Reset Form

This complaint form may be used to file a complaint alleging that someone violated the Michigan Campaign Finance Act (the MCFA, 1976 PA 388, as amended; MCL 169.201 *et seq.*).

Please print or type all information.

Section 1. Complainant		
Your Name Joseph J. Tomczyk	A STATE OF THE STA	Daytime Telephone Number 517-230-6866
Mailing Address PO Box 113	- NC 19 - NC 19	017-230-0000
St. Johns	State MI	^{Zip} 48879
Section 2. Alleged Violator		Control of the second
William Federspiel		
Mailing Address 2159 Manchester Dr.	68	
City Saginaw	State MI	^{Zip} 48609
Section 3. Alleged Violations (Use additions	I sheet if more snace	is needed.)
Section(s) of the MCFA violated: Section 26(1)(e)		
Explain how those sections were violated:		
Itemized Contributions Sch. 1A: Item 7	(Cumulative for	Election Cycle for Contributo
One hundred twelve (112) out of one I	nundred sixty or	ne (161) entries are blank.
Evidence that supports those allegations (attach copies of pertin See Attached Exhibit, Exhibit Pages 10	ent documents and other in	formation):
0		±
	200. 100	
		200 To 100 To

Reset Form

This complaint form may be used to file a complaint alleging that someone violated the Michigan Campaign Finance Act (the MCFA, 1976 PA 388, as amended; MCL 169.201 *et seq.*).

Please print or type all information.

Section 1. Complainant		
Your Name Joseph J. Tomczyk		Daytime Telephone Number 517-230-6866
Mailing Address PO Box 113		11 2 1
St. Johns	State MI	^{Zip} 48879
Section 2. Alleged Viölator		
Name William Federspiel		
Mailing Address 2159 Manchester Dr.		
City Saginaw	State MI	^{Zip} 48609
Section 3. Alleged Violations (Use additional sheet	tif more space	is needed.)
Section(s) of the MCFA violated: Section 54(1) [MCL		
Explain bow those sections were violated: Itemized Contributions Sch. 1A: Contribution	on of \$300.0	00 from Rancillio & Associates
is from a Domestic Profit Corporation as e	videnced o	n the Michigan Department of
Licensing and Regulatory Affairs website	(http://www	.dleg.state.mi.us)
Evidence that supports those allegations (attach copies of pertinent do See Attached Exhibit, Exhibit Pages 50, 5		nformation):
	85 - 10	
	121	
		a a

Reset Form

This complaint form may be used to file a complaint alleging that someone violated the Michigan Campaign Finance Act (the MCFA, 1976 PA 388, as amended; MCL 169.201 *et seq.*).

Please print or type all information.

Section 1. Complainant

* 5 * N

Your Name Joseph J. Tomczyk		Daytime Telephone Number 517-230-6866
Mailing Address		511-250-0000
PO Box 113	T a	17:-
St. Johns	State MI	Zip 48879
Section 2. Alleged Violator		
William Federspiel		
Mailing Address 2159 Manchester Dr.		2
Saginaw	State MI	^{Zip} 48609
Section 3. Alleged Violations (Use additional shee	at if more space is	needed.)
Section(s) of the MCFA violated: Section 54(1) [MCL	169.254(1)]	
Explain how those sections were violated:		
Itemized Contributions Sch. 1A: Contribution	of \$120.00 f	rom Collinson & Collinson PC
is from a Domestic Profit Corporation as e	videnced on	the Michigan Department of
Licensing and Regulatory Affairs website	(http://www.d	dleg.state.mi.us)
Evidence that supports those allegations (attach copies of pertinent do See Attached Exhibit, Exhibit Pages 13, 5		ormation):
5.225		

Reset Form

This complaint form may be used to file a complaint alleging that someone violated the Michigan Campaign Finance Act (the MCFA, 1976 PA 388, as amended; MCL 169.201 et seq.).

Please print or type all information.

Section 1. Complainant	ENDTER 2	Daytime Telephone Number
Joseph J. Tomczyk		517-230-6866
Mailing Address PO Box 113		
St. Johns	State	48879
Section 2. Alleged Violator		
William Federspiel		
Mailing Address 2159 Manchester Dr.	· · · · · · · · · · · · · · · · · · ·	
City Saginaw	State MI	^{Zip} 48609
Section 3. Alleged Violations (Use additional she	at if more space	is needed)
Explain how those sections were violated: Itemized Contributions Sch. 1A: Cumulative No primary business location is listed. Evidence that supports those allegations (attach copies of pertinent of the supports of pertinent of the supports those allegations (attach copies of pertinent of the supports of the support o	e contribution	n of \$400.00 from Tom Laatsch.
See Attached Exhibit, Exhibit Page 31		

Reset Form

This complaint form may be used to file a complaint alleging that someone violated the Michigan Campaign Finance Act (the MCFA, 1976 PA 388, as amended; MCL 169.201 *et seq.*).

Please print or type all information.

Section 1, Complainant		
Your Name Joseph J. Tomczyk		Daytime Telephone Number 517-230-6866
Mailing Address PO Box 113		
St. Johns	State MI	^{Zip} 48879
Section 2. Alleged Violator		
William Federspiel		
Mailing Address 2159 Manchester Dr.		
City Saginaw	State MI	^{Zip} 48609
Section 3. Alleged Violations (Use additional sheet	et if more space	is needed.)
Section(s) of the MCFA violated: Section 54(1) [MCL		
Explain how those sections were violated: Itemized Contributions Sch. 1A: Contributi	on of \$120.	00 from Local Union #557,
International Brotherhood of Electrical Wo	rks is a lab	or organization.
Evidence that supports those allegations (attach copies of pertinent do See Attached Exhibit, Exhibit Pages 10, 5		information)
Website Posting of history and contact inf	ormation fo	or the Union Local

Section 4. Certification (Required)	
I certify that to the best of my knowledge, in a reasonable inquiry under the circumstand complaint is supported by evidence.	
x Joseph former	5/2/2016
Signature of Complainant	Date
Section 5, Certification without Evidence (Supple	mental to Section 4)
Section 15(6) of the MCFA (MCL 169.215) require section 4 of this form be included in every complain under the circumstances, you are unable to certify the by evidence, you may also make the following certification of the section of the section of the section of the supported by evidence of the support of	int. However, if, after a reasonable inquiry at certain factual contentions are supported ication: formation, or belief, there are ifically identified factual dence after a reasonable
	·
X Signature of Complainant	Date

Mail or deliver the completed complaint form and evidence to the following address:

Michigan Department of State
Bureau of Elections
Richard H. Austin Building – 1st Floor
430 West Allegan Street
Lansing, Michigan 48918

Revised 06/03/2011



CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in link and signed by the breasurer (or designated record keeper) and candidate. 1. Committee I.D. Number 101232 2. Committee Name Bill Federspiel for Sheriff 4b. County of Residence SAGINAW 5. Committee's Mailing Address 2159 Manchester Dr. Saginaw, MI 48609 3. This Statement covers: trom07/21/14 to 10/20/14 4. Candidate Last Name First Name M Federspiel' William L 4a. Office Sought Including District # or Community Served (If applicable) Sheriff 4b. County of Residence SAGINAW 5. Treasurer's Name & Residential Address Mandy Federspiel 2159 Manchester Dr. Saginaw, MI 48609	.1.
101232 2. Committee Name Bill Federspiel for Sheriff 5. Committee's Mailing Address 2159 Manchester Dr. Saginaw, MI 48609 Federspiel William 4a. Office Sought Including District # or Community Served (If applicable) Sheriff 4b. County of Residence SAGINAW 6. Treasurer's Name & Residential Address Mandy Federspiel 2159 Manchester Dr.	
2. Committee Name Bill Federspiel for Sheriff 4a. Office Sought Including District # or Community Served (If applicable) Sheriff 4b. County of Residence SAGINAW 5. Committee's Mailing Address 2159 Manchester Dr. Saginaw, MI 48609 4a. Office Sought Including District # or Community Served (If applicable) Sheriff 4b. County of Residence SAGINAW 6. Treasurer's Name & Residential Address Mandy Federspiel 2159 Manchester Dr.	
Bill Federspiel for Sheriff 4b. County of Residence SAGINAW 5. Committee's Mailing Address 2159 Manchester Dr. Saginaw, MI 48609 Sheriff 4b. County of Residence SAGINAW 6. Treasurer's Name & Residential Address Mandy Federspiel 2159 Manchester Dr.	
Bill Federspiel for Sheriff 4b. County of Residence SAGINAW 5. Committee's Mailing Address 2159 Manchester Dr. Saginaw, MI 48609 4b. County of Residence SAGINAW 6. Treasurer's Name & Residential Address Mandy Federspiel 2159 Manchester Dr.	
5. Committee's Mailing Address 2159 Manchester Dr. Saginaw, MI 48609 6. Treasurer's Name & Residential Address Mandy Federspiel 2159 Manchester Dr.	
2159 Manchester Dr. Saginaw, MI 48609 Mandy Federspiel 2159 Manchester Dr.	
Saginaw, MI 48609 2159 Manchester Dr.	
2 TOO Wallettester Dr.	
Sagitlaw, Wil 40009	
ļ	
Area Code and Phone (989) 714-0968	
If the address in this box is different from the committee	
malling address on the Statement of Organization, mail may be sent to this address by the filing official. Area Code & Phone (989) 714-0968	
7. Treasurer's Business Address 8. Designated Record Keeper's Name and Mailing Address (If the committee has	
N/A Designated Record Keeper)	d
N/A	
1	
Area Code and Phone Area Code and Phone	
Required ONLY if candidate	
9a. Pre-Election OR 9b. Post-Election Is not on the bailot for the current year: By checking this item I/We certify any outstand by the committee to the candidate or his or her spo	ding debt
Pre-Election or Post-Election Statement relates to:	le from
July Quarterly the committee. The committee has no outstanding owes no lates fees or has any outstanding debt.	asse(5,
General October Quarterly	
Further, if the dissolution cannot be granted, that the	ls be
Convention Considered a request for the Reporting Walver.	
Special 9c. Annual Statement ()	
School Coverage Year Effective date of dissolution	
Caucus 9d. Amendment to Campaign Statement	
(Complete Item 9a, 9b, 9c or 9e to Indicate which Statement is being Note: The disposition of residual funds must be rep	orted on
amended.) Schedule 1B and the Summary Page.	
Date of Election, Convention or Caucus	
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 or my\our knowledge and belief the contents are true, accurate and complete.	đ
Current Transurer or 8.4t. (T.)	
Designated Record Keeper Mandy Federspiel , 10/19/14	
Type or Print Name Signature	
Candidate William Federspiel , 10/19/14	
Type or Print Name Signature	!



4 7 6

1. Com

		- 4	11	232
mittee I.	D. Numi	ber '	VΙ	232

SUMMARY PAGE

2. Committee Name Committee To Elect Bill Federspiel Sheriff

CANDIDATE COMMITTEE	2. Committee Name	
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 9,390.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$_\$9,390.00	(16.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$0.00	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$9,390.00	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		4
6. in-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$0.00	(21.) \$
7. In-Kind Expenditures (Schedule 18-IK, Column 6)	(7.) \$ \$0.00	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$6,529.47	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$0.00	
c. Uniternized (less than \$50.01 each - no Schedule)	(8c.) \$ \$0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$6,529.47	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$ \$0.00	
b. Uniternized (less than \$50.01 each - no Schedule)	(10b.) \$ \$40.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) s \$40.00	(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations		(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$ \$0.00	.
b. Owed to the Committee (Schedule 1E)	(12b.) \$ \$0.00	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	BALANCE STATEMENT (13.) \$ \$1,095.71 (14.) + \$ \$9,390.00 (15.) = \$ \$10,485.71 (16.) - \$ \$6,569.47 (17.) \$ \$3,916.24	



ITEMIZED EXPENDITURES **SCHEDULE 1B**

101232 1. Committee I. D. Number

CANDIDATE COMMITTEE	2. Committee Name Committee To Elect Bill Federspiel Sheriff			
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount	
Name Tri-County Citizen Address 110 S. Chapman St Chesaning, MI 48616	Purpose: Ad for Fair	07/21/14 Date Here for Memo	\$ 387.00	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement			
Name Saginaw Township Address 4900 Shattuck Rd	Purpose: Permit	07/31/14 Date	s <u>125.00</u>	
Saginaw, MI 48603	Click	Here for Memo	Itemization Type	
Fund Raiser Expenditure #3	Check box if this expenditure is payment or debt or obligation reported on previous statement	<u> </u>		
Name Coty's Landing Address 777 Midland Rd	Purpose: Corn Roast	07/31/14 Date	\$800.00	
Saginaw, MI 48603 Fund Raiser	Click Check box if this expenditure is payment of debt or obligation reported on previous statement		Itemization Type	
Expenditure #4 Name Mandy Federspiel Address 2159 Manchester Dr Saginaw, MI 48609	Purpose: Repay Debt	08/09/14 Date Here for Memo	\$ 800.00	
Fund Ralser	Check box if this expenditure is payment of debt or obligation reported on previous statement			
Expenditure #5 Name Saginaw Award & Sports Address 2616 State St Saginaw, MI 48602	Purpose: Award for MS fundraiser (Steele, Andy) Click Check box if this expenditure is payment of debt or obligation reported on previous		\$ 58.25	
Fund Raiser	Subto		\$2,170.25	

Page 1 of 5

on line 8a of Summary Page



1. Committee I. D. Number

101232

2. Committee Name Committee To Elect Bill Federspiel Sheriff

CANDIDATE COMMITTEE	Z. Committee Name		6. Amount
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	B. Alliount
Expenditure #1 Name Austin Celebration Address 6200 State St.	Ригрозе: Banquet for Pastor Austin	Date New York Memo New York M	\$ <u>90.00</u>
Saginaw, MI 48604	Check box if this expenditure is payment of debt or obligation reported on previous statement	if	
Expenditure #2 Name Dewey Ragan		09/02/14	s <u>101.52</u>
Address Roasters on Wheels Birch Run, MI	Purpose: Reimbursament for food at Com Roast Click Check box if this expenditure is payment debt or obligation reported on previous		emization Type
Fund Raiser	statement		
Expenditure #3 Name Mission in the City	Purpose: Banquet	09/02/14 Date	\$ <u>150.00</u>
Address 231 S. 9th St Saginaw, MI 48601			temization Type
Expenditure #4 Name Friends of Katie Albosta Kelly Address 133 N. Saginaw St	Purpose: fundralser	09/02/14 Date ck Here for Memo	\$ 75.00
St. Charles, MI 48655	Check box if this expenditure is paymen debt or obligation reported on previous statement	t of	
Expenditure #5 Name Chuck Stack for Commission	Purpose: fundraiser	09/02/14 Date	\$ <u>40</u>
Address 5708 Venoy Rd Saginaw, MI 48604			Itemization Type
Fund Raiser		Subtotal this page	\$456.52
	Grand Total o (Complete on last	of all Schedules 18 page of Schedule)
			Enter this total

on line 8a of Summary Page



1. Committee I. D. Number 101232

2. Committee Name Committee To Elect Bill Federspiel Sheriff

7494 Hospital Rd Freeland, MI 48623 □ Check box if this expenditure is payment of debt or obligation reported on previous statement. Expenditure #4 Name Barb Meter for Judge Address 6200 State St Saginaw, MI 48603 □ Fund Raiser Expenditure #5 Name New Life Baptist Church Address 1421 Federai Ave Saginaw, MI 48601 □ Fund Raiser Sublotal this page \$2,829.25 Grand Total of all Schedules 18 (Complete on last page of Schedule)				
Name First Merit Bank Address 2100 N. Center Rd 2100 N. Center Rd 230jinaw, Mil 48603 □ Fund Raiser Expenditure #2 Name Affordable Portables Address 3629 Busch Rd Birch Run, Mil 48415 □ Check box if this expenditure is payment of data or obligation reported on previous statement □ Check box if this expenditure is payment of data or obligation reported on previous statement □ Check box if this expenditure is payment of data or obligation reported on previous statement □ Check box if this expenditure is payment of data or obligation reported on previous statement. □ Check box if this expenditure is payment of data or obligation reported on previous statement. □ Check box if this expenditure is payment of data or obligation reported on previous statement. □ Check box if this expenditure is payment of dector or obligation reported on previous statement. □ Check box if this expenditure is payment of dector or obligation reported on previous statement. □ Check box if this expenditure is payment of dector or obligation reported on previous statement. □ Check box if this expenditure is payment of dector obligation reported on previous statement. □ Check box if this expenditure is payment of dector obligation reported on previous statement. □ Check box if this expenditure is payment of dector obligation reported on previous statement. □ Check box if this expenditure is payment of dector obligation reported on previous statement. □ Check box if this expenditure is payment of dector obligation reported on previous statement. □ Check box if this expenditure is payment of dector obligation reported on previous statement. □ Check box if this expenditure is payment of dector obligation reported on previous statement. □ Check box if this expenditure is payment of dector obligation reported on previous statement. □ Check box if this expenditure is payment of dector obligation reported on previous statement.	3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
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(Complete on last page of Schedule)		Suc	term and balls	ΨZ,0Z3.Z3
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on line the of				Enter this total

Summary Page



1. Committee I. D. Number 101232

2. Committee Name Committee To Elect Bill Federspiel Sheriff

		1	
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			-
•		09/23/14	\$ 200.00
Name Saginaw Valley Agricultural Association	Panauot	Date	+ <u>200.00</u>
Address	Purpose: Banquet		
139 S. Saginaw St		lere for Memo Ili	emization Type
Chesaning, MI 48616			
- 	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
	Statement		
Expenditure #2		00/00/44	
Name First Merit Bank		09/30/14	s 3.00
y sympa sympatry on occupie	Purpose: Maintenance Fee	Date	
Address	Purpose: Walthertalloc 1 66		
2100 N. Center Rd	Click H	lere for Memo Ite	emization Type
Saginaw, MI 48603	diext	-are termented 11	
Oughten, in the second	Check box if this expenditure is payment of		
· · ·	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name NAACP		09/30/14	-120.00
NAOF	Bassast	Date	s <u>120.00</u>
Address	Purpose: Banquet	Dale	
515 N. Washington Ave		lers for Memo It	emization Type
Saginaw, MI 48601	Click F	ISIN IN MAIN IN	Civil Tanadi I Abo
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement	N	
Expenditure #4			
Name Saginaw County Democratic Party		10/06/14	s 360.00
Laginari County Democratic Control of the County Co	A 1 D 0 AD	Date	* <u>200.00</u>
Address	Purpose: Annual Banquet & AD		
318 S. Hamilton St			
Saginaw, MI 48602	Click	Here for Memo II	emization Type
Saginaw, wi Tooot	Check box if this expenditure is payment of		
	debt or obligation reported on previous		
Fund Raiser	stalement		
Expenditure #5			
1 '	}	10/06/14	
Name Cheryl Hadsall for Commission	P		\$40.00
Address	Purpose: Fundraiser	Date	
9087 Birch Run Rd	AP 1.	Lines for Marco	temization Type
Birch Run, MI 48415			Surrence Abe
Dilott (Will) file to the	Check box if this expenditure is payment of debt or obligation reported on previous	•	
Ld Sund Rolens	statement		
Fund Raiser		total this page	\$723.00
	Subs	rotal tills head.	ψ123.00
	Grand Total of al		
	(Complete on last page	ge of Schedule)	
			Enter this total

on line 8a of Summary Page

Page 4 of 5



	101	123
1, Committee I. D. Number	-10	12.0

2. Committee Name Committee To Elect Bill Federspiel Sheriff

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expanditure #1			0
Name Vanessa Guerra for State Rep.	•	10/08/14	s 50.00
Addraga	Purpose: Fundraiser	Date	
Address 219 N. Washington Ave			
Saginaw, MI 48601	Click H	ere for Memo II	emization Type
daginari, ini 1000 i	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
[· • · · · · · · · · · · · · · · · · ·		10/08/14	470.00
Name Bill Federspiel			s <u>178.60</u>
Address	Purpose:	Date	
2159 Manchester Dr.			
	Click H	ere for Memo II	emization Type
Saginaw, MI 48609	Check box if this expenditure is payment of		
—	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name Right to Life of Saginaw		10/10/14	-00.00
I Agrit to End of Oagillaw	A-nuel Pan-unt	Date	s <u>90.00</u>
Address	Purpose: Annual Banquet	Date	
3195 Christy Way Dr	Ulint I	ers for Mamo 1	emization Type
Saginaw, MI 48603		MA INTERPRET	الـــا - ، ،
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
·		40/40/44	
Name First Merit Bank	1	10/10/14	s 31.85
Address	Purpose: New batch of checks	Date	
2100 N. Center Rd	ruipose.		
	Click H	lere for Memo l	lemization Type
Saginaw, MI 48603	Check box if this expenditure is payment of		
	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
J - ' · · · ·			
Name N/A			\$
Address	Purpose:	Date	
	State t	iom for klome !	temization Type
		iele iči Malilo i	TOTAL TAPOLIT
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	tal this page	\$350.45
	Grand Total of all (Complete on last page		\$6,529.47
			Enter this total

Enter this total on line 8a of Summary Page



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

committee I.D. Number 101232

2. Committee Name	Committee	to Elect Bil	i Federspie	Sherif

		2.000	KINGDO INCHIN	
	- USE	A SEPARATE SH	EET FOR EACH EVENT	-
3. Date Event Was Held		er of Individuals Attending pating (whichever is	5. Type of Fund Raising Activity	Address and Name (if any) of the place where the activity was held. Coty's Landing
07/31/14	-	209	Corn Roast	777 Midland Rd Saginaw, Mi 48603 Private Residence
7. Total Contributions		\$4,590.00		
8. Other Receipts		\$0.00		T U
9. Gross Receipts (Add line	s 7 and 8)	\$4,590.00		
10. Total Cost of Event (Total Cost includes In-Kind	·	\$800.00	s Made For the Event)	
		raiser and complete the		
Co-Sponsor(s)		Contribution (%)	Split	Expenditure Split (%)
		(10)		
				
			2	
				
	101			
			To see a see	
				
e e				
W W.				ine event hold during the
neriod covered by t	he Campaig	n Statement.	er Schedule for each fund rais	
Schedule (1A), Iten Summary Page.	nized In-Kind	l Contributions Schedu	le (1-IK), Itemized Expenditur	
Each committee the	at participate	d in a joint fund raiser	must file a Fund Raiser Sched	iule for the event.
Page 1 of 1				



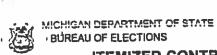
Page 1 of 1 ___

FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

committee I.D. Number 101232

Committee Name	Committee	to	Elect	Bill	Feders	piel	She	rif

- USE A SEPARATE SHEET FOR EACH EVENT -6. Address and Name (if any) of the 4. Number of Individuals Attending 5. Type of Fund Raising Activity 3. Date Event Was Held place where the activity was held. or Participating (whichever is Beech Hollow Golf Course, greater) 7494 Hospital Road 09/05/14 Freeland, MI 48623 **Golf Outing** 40 Private Residence \$3,800.00 7. Total Contributions \$0.00 8. Other Receipts \$3,800.00 9. Gross Receipts (Add lines 7 and 8) \$2.386.25 10. Total Cost of Event (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: Expenditure Split Contribution Split Co-Sponsor(s) (%) (%) 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 fisted 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.



1. Committee I.D. Number	101232
I. OCHMINGS IST TOTAL	

OUTLANDED IN	Committee To Elect Bill Federspiel for Sheriff
CANDIDATE COMMITTEE 2. Committee Name	
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.	ne, 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7-31-14 Name & Address: Accal Union #557 At' Brother hood of Electrical Workers 7303 Gratiot Rd 148609 S. Hover & 100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution. Direct	s 200°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7-31-14 Name & Address Mary Jo Welse 9135 Green way Ct. 14163 Saginaw MI 48609 5. If over \$100.00 cumulative, please provide: Occupation	s HO® s
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-31-14 Name & Address: HORN, Kerneth B. I Sun burst Cd Fronkermuth MI 48734 a. if over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Losn from a person Fund Raiser	s 100°° s Click Here for Memo Itemization
3. Contribution #4 PAC Receipt? DYES 4. Date of Receipt 7-31-19 PACE Additions MI Laborers Political League 1118 Centernial Way Ste Pace Lansing MI 48917 5. If over \$100.00 cumulative, please provide: Uccupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	Saso S Solick Here for Memo Itemization ✓

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

Page Subtotal

Enter this total on line 3a of Summary Page.

Type of Contribution:

Direct



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

4	Committee	LD.	Number
-1.	COMMINGE	1,10.	140111001

101232

Committee To Elect Bill Federspiel for Sheriff

CANDIDATE COMMITTEE 2. Committee Name	
Enter contributor's name and eddress. 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 7-31-14 Name & Address: Saginaw County Democratic Exec. Co [2a N. Michigan Aug Soginaw MI 48602 5. If over \$100.00 cumulative, please provide: Occupation Employer	s 10000 s Click Here for Memo Itemization
Business Address	
Type of Contribution: Direct Loan from a person 🐓 Furst Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7-31-14 Name & Address Collison + Collison PC 5811 Colony Dr. N POBOY 10010 SCOLING MI 48608 5. If over \$100.00 cumulative, please provide:	s 12002 s Click Here for Memo Itemization ▼
Occupation Employer	
3. Contribution #3 PAC Receipt? VYES 4. Date of Receipt 7-31-14 Name & Address: Plumbers + Steam F. Hers 85 P.A.C. 10705 WUSS St Scapinaw MI 48603 b. if over 100.00 cumulative, please provide:	s 2000 s 70000 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 Name & Address The Tovestments (a O & Hancock St Sagnow Mi 48600 5. If over \$100.00 cumulative, please provide: Uccupation Employer Business Address	s I(Y) s s Click Here for Memo Itemization
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Crand Total of All Schodu	des 1/1 (111/2 , (X))

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Page 3 of 37



ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number _

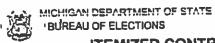
2. Committee Name

Committee To Elect Bill Federspiel for Sheriff

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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? YES 4. Date of Receipt 7-31-14 Name & Address: Hare, Marvin D. 1396 W. Delta Dr. Saginaw M.T. 48638 5. If over \$100.00 cumulative, please provide: Occupation Employer	\$ AO DO Click Here fo	s or Memo Itemization ▼
Business Address		
Type of Contribution: Direct Loan from a person 🐓 Fund Reiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7_31-14 Name & Address Stack, Chuck	110.00	
Stack, Chuck 5708 Venoy Ra	s 40,00	5
30g1200 mf 48604		
5. If over \$100.00 cumulative, please provide:	Click Here fo	r 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 7-31-14 Name & Address:	11-00	
Hare, Ann M. 4884 Cherokee Rd	<u>s 40==</u>	\$
3. if over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person V Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7-31-19		
molnture, Kathleen		
mointyre, Kathleen 1300 Wienelle Rd	, 100°	\$
Saginaw miy8638	V	
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization 🔻
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Business Address		
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CANDIDATE COMMITTEE

1. Committee I.D. Number __

101232

2. Committee Name Committee To Elect Bill Federspiel for Sheriff

OANDIDA: 2 COMMITTEE	
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 7-31-14 Name & Address: De Francesco Joseph G 320 Superior Saginawi MI 4860 5. If over \$100.00 cumulative, please provide: Occupation Petroe C Employer	s (00,000 s 100 s
Business Address	İ
Type of Contribution: Direct Loan from a person 🐓 Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7-3 /- 14	
Name & Address McCdgan, Susan M. 525 West Chester Suginaw MI 48603 5. If over \$100.00 cumulative, please provide:	s 40.00 s Click Here for Memo Itemization ■
Occupation Employer	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-31-14 Name & Address: Much len beck, M. F. 3795 N. Center Rd Apt 100 Saginaum 148603 a. if over \$100.00 cumulative, please provide:	\$ (XX). (XX) \$ S Click Here for Memo Itemization ▼
Occupation <u>retired</u> <u>Employer</u>	
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7-3 - -	
Holing, Patricia A 2568 S. Orr Rd Freeland MJ 48623 5. If over \$100.00 cumulative, please provide: Uccupation Retired Employer	SIMO S 18000 Click Here for Memo Itemization ■
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
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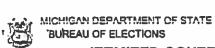
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

	101232
1. Committee I.D. Number	

CANDIDATE COMMITTEE 2. Committee Name	Imittee 10 Elect Bill Federspiel to Shellin
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 7.3 L 14 Name & Address: Howefe, Kurt P 971 midlard Rd Sagraw MT 48638 5. If over \$100.00 cumulative, please provide:	SHO, W S 8000 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 7-31-14 Name & Address Howefe, Invin F. 12 M. 11 pard TC Saginaw MI 48003 5. If over \$100.00 cumulative, please provide:	s 40.00 s 80 € Click Here for Memo Itemization
Occupation Employer	_
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-31-14 Name & Address: Chiqby Moderick POBOX 14781 Saginatum 1 4860 2. if over \$100.00 cumulative, piease provide: Occupation Processover Employer Safe employed Business Address POBOX 14781 Sagination 14860 Type of Contribution: Direct Loan from a person Fund Raiser	s 300 ^{∞Q} s 500 [∞] Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7-3 - 14	
Hreger, Hewin) 4757NIVa Rd Hemlork MI 48626	: 100.00 : 150.00
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Bichland Tup Suphfoloyer Richland Tup Business Address 1180 N Idemlack Rt Hemlack M	- UVI NI
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Enter this total on line 3a of Summary Page.



CANDIDATE COMMITTEE

1. Committee I.D. Number 101232

2 Committee Name Committee To Elect Bill Federspiel for Sheriff

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 7-31-14 Name & Address: Emeda Geoffery E. 8671 Chapin Not Saginaum MT 48600 5. If over \$100.00 cumulative, please provide: Occupation Employer	s 40, w s 80° 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 7-3114 Name & Address Glynn, Patricia A H23 John St Saginau mi 48602 5. If over \$100.00 cumulative, please provide:	s 40.00 s 00 Click Here for Memo Itemization
Occupation Employer	
Businesa Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-31-14 Name & Address: Grzesiak, Karen A. 4385 Lower St Sagnaw MT 48603 5. if over \$100.00 cumulative, please provide: Occupation Employer	SHO, W S 8000 Click Here for Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7-31- K4 Name & Address Thompson Mattice 3 Holland Ct Sagr new MT 48 601 5. If over \$100.00 cumulative, please provide: Uccupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	s 20.00 s Click Here for Memo Itemization ▼
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Page 6 of 37

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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1, Committee I.D. Number 10/232 Committee To Elect Bill Federspiel for Sheriff

2. Committee Name 7. Cumulative for Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount Election Cycle for Each middle Initial. Check box to Indicate if contribution is from a Political Committee or an Independent Contributor (Through Committee (PAC) Report all contributions regardless of amount. date of receipt) 4. Date of Receipt 3. Contribution #1 PAC Receipt? YES Name & Address: Saginau MT 48638 5. If over \$100.00 cumulative, piease provide: Click Here for Memo Itemization Employer_ Occupation Business Address Fund Raiser Type of Contribution: Direct Loan from a person PAC Receipt? YES 4, Date of Receipt 3. Contribution #2 Name & Address saginawm 148638 Click Here for Memo Itemization 5. If over \$100,00 cumulative, please provide: Employer. Occupation _ Business Address **Fund Raiser** Type of Contribution: Loan from a person PAC Receipt? YES 4. Date of Receipt 3. Contribution #3 Name & Address: Click Here for Memo Itemization ▼ 5. If over \$100.00 cumulative, piease provide: Employer_ Occupation_ **Business Address** Loan from a person **Fund Raiser** Direct Type of Contribution: YES 4. Date of Receipt PAC Receipt? 3. Contribution # 4 Name & Address Click Here for Memo Itemization ▼

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Fund Raiser

Employer _

Loan from a person

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

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Occupation_

Business Address

Type of Contribution:

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MICHIGAN DEPARTMENT OF STATE

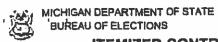
ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

1. Committee (.D. Number / 0/ 232

2. Committee Name

CANDIDATE COMMITTEE 2. Committee value	
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.	The state of
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7-31-14 Name & Address: Christiansen, Sud Ool N Frost Dr Scarnaw m + 48604 5. If over \$100.00 cumulative, please provide: Occupation	S Click Here for Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7-31-14 Name & Address Gray, Phyllis ILDIS Liberty 5091'naw My 4804 5. If over \$100.00 cumulative, please provide: Occupation	s 20.00 s Click Here for Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-31-14 Name & Address: Stelle, Linda Le 15 Libert 48 Scaring Man	s SO, OD s
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7-3-14 Name & Address **POShaw*, Bb 1 4 5 Li berty Saginar May May 1 4 8604 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	SOCION S Click Here for Memo Itemization ✓
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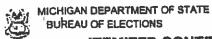
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number	10/232	
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Committee To Elect Bill Federspiel for Sheriff 2. Committee Name

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]_3 -3 -14 Name & Address: BOShaw, MI Chael 15 Borland Aue 509, naw MI Ly8600 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	S 20.00 Click Here for	\$ Memo Itemization -
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7-31-14 Name & Address Gray - Fiting Diane 3595 Luella Aul Saginus MT 48603 5. If over \$100.00 cumulative, please provide: Occupation Employer	Sac Click Here for	\$ Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-31-14 Name & Address: PCZYDY SKI, MONK 1325 From DY SCG1000 TI 48638 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	\$ <u>20</u> , <u>20</u> Click Here for	\$ Memo Itemization ▼
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7-3 1-14 Name & Address Pruby SICI Stelle 13 20 From Pr Scan now mt 48638 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	s <u>AO</u> , OO Click Here for	\$ Memo Itemization ▼
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CANDIDATE COMMITTEE

1. Committee I.D. Number /0/232

Committee To Elect Bill Federspiel for Sheriff

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.	B. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7-31-14 Name & Address: Lentner, Eric 16372314 Teal Hemlock, Mt 48600 5. If over \$100.00 cumulative, please provide:	s <u> </u>	\$ or Memo Itemization ▼
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person V Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7-31-14 Name & Address Lenther Linda 16372 Blue Teal Hemlack, MT48626 5. If over \$100.00 cumulative, please provide:	s ZOOO	ssr 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 7-31-14 Name & Address: Gerhardt, Steue 4545 Brockuras Saginau MT48638 5. If over \$100.00 cumulative, please provide: Occupation	s ZD ^{C/O} Click Here fo	. \$r Memo Itemization ▼
Business Address		
Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7-31-14 Name & Address Cerhardt, Karen U54.5 Brown 48638 5. If over \$100.00 cumulative, please provide: Occupation Employer	\$ ZD OC Click Here for	or Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser		
Type of Contribution: Direct Loan from a person Prunto Reiser Page Subto	tai Q 00	
Grand Total of All Schedules 1 (Complete on last page of Schedu	A 2450.00	<u> </u>

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Page. Exhibit Page 19



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

Committee To Elect Bill Federspiel for Sheriff

CANDIDATE COMMITTEE 2. Committee Name		
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 7-31-14 lame & Address: Stack; Chuck 5708 Venoty Rd 5091 Naw YOUR Rd 5. If over \$100.00 cumulative, please provide: Occupation	\$ <u>20</u> <u>∞</u> Click Here fo	sor Memo Itemization -
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Recaipt? YES 4. Date of Receipt 7-3 - 14 Name & Address Stack, Mrs Chuck 5708 Venuy Rd Sagnew MI 48604	200°€	\$
5. If over \$100.00 cumulative, please provide: Occupation Employer	Click Here fo	or Memo Itemization 🔽
Occupation		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-31-14 Name & Address: VON PIPER, Herb \$130 OHERD Saginaw MJ 48609 5. # over \$100.00 cumulative, please provide: Occupation Employer	s <u>20</u> 20 Click Here fo	_ \$or Memo Itemization ▼
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7-31-14 Name & Address Van Riper, Ideather 8130 Ohern 5 ag in au mit 4860 5. If over \$100.90 cumulative, please provide: Occupation Employer Business Address	s 20 ²⁰ Click Here 1	\$ for Memo Itemization ▼
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CANDIDATE COMMITTEE

1. Committee I.D. Number	01	232	
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Committee Manne	Committee	To Elect Bill	Federspiel	for Sheriff
. Committee Name				

AUININUI F AAIIIIII I TE	
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.	Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7-31-14 Name & Address: Sivey, John 1128 N Graham Ad Saginaw MI 4866 5. If over \$100.00 cumulative, please provide: Occupation Employer	\$ ZO S S S 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 7-31-14 Name & Address Boyd, Chris III S. m. chigan Saginium MT48600 5. If over \$100.00 cumulative, please provide: Occupation	s 2000 s Click Here for Memo Itemization
Type of College and College an	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-31-14 Name & Address: KOSIN, Mark 5585 Fergus Rd S+ Charles, MI 48655	s 20 °C s H0°0 Click Here for Memo Itemization ▼
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-31-14 Name & Address: KOSIN, MORK 5585 Fergus Rd S+ Charles, MI 48655 5. If over \$100.00 cumulative, please provide:	s 2000 s H000 Click Here for Memo Itemization ▼
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-31-14 Name & Address: KOSIN, MORK 5585 Fergus Rd S+ Charles, MI 48655 5. If over \$100.00 cumulative, please provide:	s 20 °C s H0°0 Click Here for Memo Itemization ▼
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-31-14 Name & Address: NOSIN, Mark 5585 Fergus Rd St Charles, MI 48655 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 PAC Receipt? YES 4. Date of Receipt 7-31-14 Name & Address Los In Bew 5585 Fergus Rd St. Charles MI 4865 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Employer	SZO S HOOO Click Here for Memo Itemization Click Here for Memo Itemization
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-31-14 Name & Address: KOSIO, Mark 5585 Fergus Rd S+ Charles, MI 48655 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct	\$2000 \$4000 Click Here for Memo Itemization ▼

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Page 12 of 37



ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

1. Committee I.D. Nu	mber	010	232	
	Committee	To Ele	ct Bill Fed	erspiel for Sherif

CANDIDATE COMMITTEE 2. Continues varie	
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 7-31-14 Name & Address: Gray, Tom 12333 Free and Rd Free land, MT 48623 5. If over \$100.00 cumulative, please provide: Occupation	\$ ZOOO \$ Click Here for Memo Itemization
Type of Continuous and	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7-31-14 Name & Address Fedura Diel, Jessie 1525 Brenner St Saginaw MT 48600 5. If over \$100.00 cumulative, please provide: OccupationEmployer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	s ZO [∞] s HO [∞] Click Here for Memo Itemization
Type of Continuential.	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-31-14 Name & Address: Grzesiak, Patrick 10385 Weiss Saginaw MJ 48603 5. If over \$100.00 cumulative, please provide: Occupation Employer	s ZOCO s HOCO 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 7-31-14 Name & Address Graft James Kross 14 15 Liberty Saginaw MI 48604 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address	\$ 20°2 \$ \$ Click Here for Memo Itemization ▼
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Page: 13 of 37

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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 101232

2. Committee Name Committee To Elect Bill Federspiel for Sheriff

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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 PAG Receipt? YES 4. Date of Receipt 7-31-14 Name & Address: Wheeler William	5.1	
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Bridgeport mI 48722 5. If over \$100,00 cumulative, please provide:	Click Here for	Memo Itemization
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3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-31-14 Name & Address: Hughes, Mary A S ag naw MT 4860 5. If over \$100.00 cumulative, please provide:	s Zo	s 40°°
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3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7-3 -14		
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Page 14 of 37

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CANDIDATE COMMITTEE

1. Committee I.D. Nu	mber 101232
2. Committee Name	Committee To Elect Bill Federspiel for Sheriff

Enter contributor's name and address. If contribution is from an individual, anter 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.	Election Cycle for Each Contributor (Through
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7-31-14 Name & Address: Grzes, ak, Tory 4385 Louise St. 5 ag, naw mt 48603 5. Hover \$100.00 cumulative, please provide:	s 20 %
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Page 15 of 37

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CANDIDATE COMMITTEE

1. Committee I.D. Nu	mber 101232	
2 Committee Name	Committee To Elect Bill Federspiel for Sheriff	

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
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Freeland MI 48623	Click Horn for	Mana Hanindia 🗔
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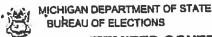
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 101232

Committee Name Committee To Elect Bill Federspiel for Sheriff

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? YES 4. Date of Receipt 7-31-14 Name & Address: Schoumen, David 9701 CryStal Lakect Freebard mI 48623 5. If over \$100.00 cumulative, please provide: Occupation Employer	s 2000 Click Here fo	sr Memo Itemization 🔻
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3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7-31-14 Name & Address Birnbaum Pac 9275 Brook Hollow Freeland MI 48623 5. If over \$100.00 cumulative, please provide:	s_200°C	sr Memo Itemization 🔻
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CANDIDATE COMMITTEE

1. Comi	mittee	I.D. Nun	nber	10	12	32 <u> </u>	
			Con	nmittee To	Elect B	ill Federspiel	for Sheriff

2. Committee Name Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 7. Cumulative for 6. Amount middle initial. Check box to indicate if contribution is from a Political Committee or an independent **Election Cycle for Each** Contributor (Through Committee (PAC) Report all contributions regardless of amount. date of receipt) 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address: 5. If over \$100,00 cumulative, please provide: Click Here for Memo Itemization ▼ Employer. Occupation Business Address **Fund Raiser** Type of Contribution: Loan from a person YE\$ 4. Date of Receipt PAC Receipt? 3. Contribution #2 Name & Address 2000 Click Here for Memo Itemization 5. If over \$100,00 cumulative, please provide: Employer. Occupation. Business Address Fund Raiser Type of Contribution: Loan from a person PAC Receipt? 4. Date of Receipt 3. Contribution # 3 Name & Address: Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: **Employer** Occupation . **Business Address** Loan from a person **Fund Raiser** Type of Contribution: Direct 4. Date of Receipt PAC Receipt? 3. Contribution # 4 Name & Address collison de aginaw h Click Here for Memo Itemization 5. If over \$100.00 cumulative, please r Employer Selfemological Business Address 5811 Colony Dr **Fund Raiser** Loan from a person Type of Contribution: Direct Page Subtotal

Page 8 or 37

Grand Total of All Schedules 1A (Complete on lest page of Schedule) Enter this total on line 3a of Summary

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CANDIDATE COMMITTEE

. Committee I.D. Number	101	232
. Committee I.D. Number		مرب س

Committee To Elect Bill Federspiel for Sheriff 2. Committee Name

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 7-3 1-14 Name & Address: Steale Kelsey Lois Liberty Rd Saginary Yes Sagina	s AOOO Click Here fo	s or Memo Itemization
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Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-31-14 Name & Address: Cray, Lufan 1233 Freeland Rd Freeland MI 48623 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Losn from a person Fund Raiser	s ACC	\$Memo Itemization ▼
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Page 19 of 37



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

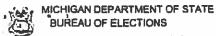
CANDIDATE COMMITTEE

1. Committee I.D. Number 101232

2. Committee Name

Committee To Elect Bill Federspiel for Sheriff

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. Currulative for Election Cycle for Each Contributor (Through date of receipt)
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3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7-31-14 Name & Address Remer, BB HT40 B. Card Sagraw MJ 48603 5. If over \$100.06 cumulative, please provide: Occupation Employer Business Address Leas from a person V Fund Raiser	\$ Olick Here for	s
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CANDIDATE COMMITTEE

1. Committee I.D. Number 101232

Committee To Elect Bill Federspiel for Sheriff

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)
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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number _/0/232

CANDIDATE COMMITTEE 2. Committee Name C	ommittee To Elect Bill	Federspiel for Sheriff
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 7-31-14 lame & Address: Den Sel Dr. Michael 7-31-14 Den Sel Dr. Michael 7-31-14 Saginaw WI 48069 5. If over \$100.00 cumulative, please provide: Decupation	s <u>ગિંગ્</u> ટ Click Here f	s for Memo Itemization ▼
S. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7-31-14 Name & Address 3585 Shattuck Rd Sagiras Mill 48603 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address	s OCAL	s for Memo Itemization ▼
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Fund Raiser

Loan from a person

3410.00

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Page 22 of 37

Business Address

Type of Contribution:

Direct



MICHIGAN DEPARTMENT OF STATE

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

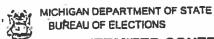
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1. Committee	I.D. Number	101		

CANDIDATE COMMITTEE	2, Committee Name	ommittee 10 Elect Bill Fe	derspier for Silerin
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1, Committee I.D. Number <u>/0/232</u>

CANDIDATE COMMITTEE 2. Commi	ttee Name
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Grand Total of All Schedules 1A (Complete on last page of Schedule)

Page Subtotal

Fund Raiser

Loan from a person

80°° 3570.00

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Business Address

Type of Contribution:

Direct



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 101232

Committee To Elect Bill Federspiel for Sheriff 2. Committee Name

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Bar 25 of 37					line 3a of Summary Page.	



ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

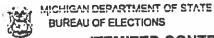
CANDIDATE COMMITTEE

Committee LD, Number	101232
. COMMISSION INDIVIDUAL	

Complete - Moses	Committee To	Elect Bill	Federspiel	for Sheriff
. Committee Name				

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 7-31-14 Name & Address: Much len beck, Mol 95 35 Swan Valley Sog: naw MT 48609 5. If over \$100.00 cumulative, piease provide: Occupation Retical Employer Business Addresa	s Click Here fo	s 780. W r Memo Itemization ₹
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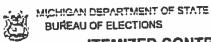
CANDIDATE COMMITTEE

1. Committee I.D. Number	101232

2. Committee Name Committee To Elect Bill Federspiel for Sheriff

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)
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1. Committee I.D. Number	101232	
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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

Committee I.D. Number	101232

	Committee	To	Elect	Bill	Federspiel fo	r Sheriff
2. Committee Name						

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)
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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number					
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2. Committee Name

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MICHIGAN DEPARTMENT OF STATE

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

2. Committee Name	Committee To Elect Bill Federspiel for Sheriff

CANDIDATE COMMITTEE 2. Committee Name		7. Cumulative for
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	Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7-31-19 Name & Address: Baranci K, Craig 5145 Farragut Bay Ctt y MI 48705 5. If over \$100.00 cumulative, please provide: Occupation Employer	S 2000 Click Here fo	s or Memo Itemization 🕶
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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 101232

2. Committee Name Committee To Elect Bill Federspiel for Sheriff

CANDIDATE COMMITTEE 2. Committee Name	7 Constitution for
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 7-31-14 Name & Address: Castellanos, Vicente 1865 Hotchkiss Rd Freeland MILY863 5. If over \$100.00 cumulative, please provide: Occupation Employer	s OC S S S Click Here for Memo Itemization
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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

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2. Committee Name Committee To Elect Bill Federspiel for Sheriff

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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

Committee To Elect Bill Federspiel for Sheriff

CANDIDATE COMMITTEE 2. Committee Name	
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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7-31-14 Name & Address: Ortega 7: 949 3 700 N Center Rd 509: 1000 M T 48605 5. If over \$100.00 cumulative, please provide: Occupation Employer	Click Here for Memo Itemization
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Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-31-14 Name & Address: Ortega, David 1019 Numberry St Scan raw mt 4860 8 5. If over \$100.00 cumulative, please provide:	\$ 000 \$ Click Here for Memo Itemization
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Morris, Helen 2147 Durham Saginaw M. T. 48609 5. If over \$100.00 cumulative, please provide:	S Click Here for Memo Itemization
Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtol Grand Total of All Schedules 1 (Complete on last page of Schedules)	A H370 00

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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number <u>101232</u>

SCHEDULE 1A	.,	Committ	tee To Elect Bill	Federspiel for Sheriff
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3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7-31-14 Name & Address: Morris, Dorhan 3147 Dorhan Saginaw MT 4869 5. If over \$100.00 cumulative, please provide: Occupation Employer	SUBLE S Click Here for Memo Itemization ▼
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3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7-31-14 Name & Address Moore, Brent 1270 Joseph Scignau MI48638 5. If over \$100.00 cumulative, please provide: OccupationEmployer	s Octick Here for Memo Itemization
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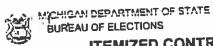
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

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Page _____of ___

Exhibit Page 47

Page.



MICHIGAN DEPARTMENT OF STATE

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number ______101232

2. Committee Name Committee To Elect Bill Federspiel for Sheriff

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 9-5-14	
Name & Address:	
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1130 Crarbrail Dr	7.00 \
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5. If over \$100.00 cumulative, please provide:	Click Here for Memo itemization
Occupation Deputy Employer Saguraw County	
Occupation 1227	mtlica is
Business Address 111 S. Michigan Aut Saginaw	MI4860)
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-5-14	
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Name & Address	
Stevens, Kevin J	2 , 2 00
112 77 White dead of the	: 300 d) : 600 mg
113.77 Hillbridge Court	· <u> </u>
Freeland MT 48623	
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
5. If Over \$100.00 cumulative, please provide.	l-id
Occupation Leutenant Employer Saginas County	
Business Address 1115 Michigan Are Soginawn	NI 48600
Type of Continuent.	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9-5-/4	
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Saginaus MI481003	and the black day blooms the miretion will
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5. If over \$100.00 cumulative, please provide:	
Occupation Retired Employer	
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	
Type of Continuous and Continuous an	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 9-5-/4	
Name & Address	
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5. If over \$100,00 cumulative, please provide:	Click Here for Memo Itemization
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Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
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	Page.

Page _____ of ____



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

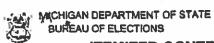
committee I.D. Number 101232

1.	Committee	I.U. Number		
		Con	mittee To Elect Bill Fede	rspiel for Sheriff

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 C: 5-14		
McDonald, Thomas W. III		
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Scaling mi 48609 5. If over \$100,00 cumulative, please provide:		
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Business Address 6790 midland No Freeland MJ 481	D3	
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McInerney Donald		. s.
USSS Trinklein Rd	:300.00	: 600)
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5. If over \$100,00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation Retired Employer		
Business Address		
Type of Contribution: Direct Loan from a person 🗾 Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9-5-14		
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Page _____ of ____

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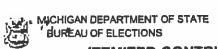


ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

CANDIDATE COMMITTEE

2. Committee Name Committee To Elect Bill Federspiel for Sheriff

	x to indicate if cont	contribution is from an indi tribution is from a Political regardless of amount.			5. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Manculio 3689 Gro Cin Hon T 5. If over \$160.00 cum Occupation	esbech wp Milative, please pro	Huld 14803S	of Receipt	9-5-14	s <u>.300.0</u> Click Here fo	\$ or Memo Itemization ▼
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Page _____ of ___

ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

CANDIDATE COMMITTEE

1, Committee I.D. Number 101232

2. Committee Name Committee To Elect Bill Federspiel for Sheriff

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Page of							oit Page 51



Searched for: RANCILIO AND ASSOCIATES, INC.

ID Num: 53232C

Assumed Names

Entity Name: RANCILIO AND ASSOCIATES, INC. Type of Entity: Domestic Profit Corporation Resident Agent: LEGNARD RANCILIO

Registered Office Address: 15655 W. 11 MILE RD ROSEVILLE MI 48066

Mailing Address: MI

Formed Under Act Number(s): 284-1972 Incorporation/Qualification Date: 3-21-2003 Jurisdiction of Origin: MICHIGAN Number of Shares: 5,000

Year of Most Recent Annual Report: 16

Year of Most Recent Annual Report With Officers & Directors: 07

Status: ACTIVE Date: Present

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CSCL/CD-2500 (01/14)

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS PROFIT CORPORATION INFORMATION UPDATE



2014

LEONARD RANCILIO 36809 GROESBECK RECEIVED Fee Rec \$25 before	
Resident agent name and mailing address of the registered office LEONARD RANCILIO 36809 GROESBECK RECEIVED For Bureau Fee Rec \$25 before \$25 before \$25 before \$25 before \$25 befor	
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CLINTON TWP MI 48035 MAR 1 2 2014	y 16 - 31)
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APR -3	y 1 - 31)
The address of the registered office SEPORATIONS DIVINION SEPORATIONS DIVINION SEPORATIONS DIVINION SEPORATIONS DIVINION SEPORATION	g 1 - 31)
	r August 31
To certify there are no changes from your previous filing check this box and proceed to liem 6.	
If the resident agent and/or registered office has changed complete items 1-6. If only officer and director information has changed complete items 4-6.	
1. Mailing address of registered office in Michigan (may be a P.O. Box) 2. Resident Agent	
3. The address of the registered office in Michigan (a P.O. Box may not be designated as the address of the registered office)	
Describe the general nature and kind of business in which the corporation is engaged:	
5. NAME BUSINESS OR RESIDENCE ADDRESS	
President (Required)	
Secretary (Required)	
#	- 10
different Henry Tendesteer (Samurager)	100 M
than Treasurer (Regurred)	
than Treasurer (Regurred)	
than President Vice - President Vice - President Director	
Treasurer (Required) Vice - President Director different Denotes	
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Treasurer (Required) Vice - President Vice - President Orrector different than Officers Director	

Filing fee \$25

Report due May 15, 2014.

If received after May 15, penalty fees will be assessed.

Please make your check or money order payable to the State of Include payment with completed report in the same envelope.

Return to Corporations Division

P.O. Box 30481 Lansing, MI 48909 (517) 241-8470

OR File online at www.michlgan.gov/fileonline

If more space is needed additional pages may be included. Do not simple any items to report. This report is required by Section 911, Act 284, Public Acts of 1972, as amended. Fallure to file this report may result in the dissolution of the corporation. Late filing will result in penalty fees.



Searched for: COLLISON & COLLISON, P.C.

ID Num: 360501

Entity Name: COLLISON & COLLISON, P.C.
Type of Entity: Domestic Professional Service Corporation
Resident Agent: JEFFREY C COLLISON
Registered Diffice Address: 5811 COLONY DR N SAGINAW MI 48608
Mailing Address: 5811 COLONY DR N P.O. Box 6010 SAGINAW MI 48608
Formed Under Act Number(s): 192-1962
Incarporation/Qualification Deta: 7-13-1988
Jurisdiction of Origin: MICHGGAN
Number of Shares: 50,000
Year of Most Recent Annual Report: 15
Year of Most Recent Annual Report: With Officers & Directors: 06

Status: ACTIVE Date: Present

View Document Images

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New Search

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CSCUCD-2500pc (01/14)

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS PROFIT CORPORATION INFORMATION UPDATE



2014

Due	May 15, 2014	File Online at	www.michigan.gov/fi	eonline		
Identif	ication Number	Corporation name				
1	380501	COLLISON & C	COLLISON, P.C.			
	ent agent name and maifing					
1	eur officer unite cum titalitud	address of the regist	ielea ollice			
l	JEFFREY C COL					
	5811 COLONY D	RN				
	P.O. BOX 6010				T T-6-12 105/2107 1	A6 100 14 6
	SAGINAW MI 48	608	FILED		Tran Info:2 19564103-1 Chk#: 23085 Amt: \$2 ID: 380501	
			MAY 02 2014		ID* 2002A1	
			CORPORATIONS DIVISIO	N		
The ac	idress of the registered offic	ce			1	
1	5811 COLONY DR N	1				
	SAGINAW MI 48608	3				
	To certify there are no c	hanges from your r	previous filing check this box a	and proceed to Hom 6		
IXI	it the resident agent and	Vor registered offici	e has changed complete Home	1.6 and attached list	of charaboldons	
يحب	If only officer and direct	for and/or sharehold	der information has changed c	omplete items 4.6 and	f shareholder list.	
	The same of the sa					
1. Mail	ing address of registered of			_	2. Resident Agent	
		ffice in Michigan (ma)	y be a P.O. Box)		2. Resident Agent	
		ffice in Michigan (ma)	y be a P.O. Box)		2. Resident Agent	
		ffice in Michigan (ma)			2. Resident Agent	
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3. The	address of the registered o	ffice in Michigan (ma) office in Michigan (a P	y be a P.O. Box)	s the address of the reg	2. Resident Agent	
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3. The 4. Desi	address of the registered of cribe the general nature and NA President (Required) Secretary (Required)	ffice in Michigan (may office in Michigan (a P d kind of business in v	y be a P.O. Box) O. Box may not be designated a which the corporation is engaged.	s the address of the reg	2. Resident Agent pistered office)	
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3. The 4. Desi 5.	address of the registered of cribe the general nature and NA President (Required) Secretary (Required)	ffice in Michigan (may office in Michigan (a P d kind of business in v	y be a P.O. Box) O. Box may not be designated a which the corporation is engaged.	s the address of the reg	2. Resident Agent pistered office)	
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3. The 4. Desi 5. if different than President	address of the registered of cribe the general nature and NA President (Required) Secretary (Required) Treasurer (Required) Vice - President	ffice in Michigan (may office in Michigan (a P d kind of business in v	y be a P.O. Box) O. Box may not be designated a which the corporation is engaged.	s the address of the reg	2. Resident Agent pistered office)	
3. The 4. Desi 5. If different than President	address of the registered of cribe the general nature and NA President (Required) Secretary (Required) Treasurer (Required) Vice - President	ffice in Michigan (may office in Michigan (a P d kind of business in v	y be a P.O. Box) O. Box may not be designated a which the corporation is engaged.	s the address of the reg	2. Resident Agent pistered office)	
3. The 4. Desi 5. If different than President than Officers	address of the registered of the registered of the general nature and NA President (Required) Secretary (Required) Treasurer (Required) Vice - President Director Director	ffice in Michigan (may	y be a P.O. Box) P.O. Box may not be designated a which the corporation is engaged. BU	s the address of the reg	2. Resident Agent pistered office) CE ADDRESS	
3. The 4. Desi 5. If different than President than Officers	address of the registered of cribe the general nature and NA President (Required) Secretary (Required) Vice - President Director	ffice in Michigan (may	y be a P.O. Box) O. Box may not be designated a which the corporation is engaged.	s the address of the reg	2. Resident Agent pistered office) CE ADDRESS	79-3033

Filing fee \$25

Report due May 15, 2014.

If received after May 15, penalty fees will be assessed.

Please make your check or money order payable to the State of Michigan. include payment with completed report in the same envelope.

Return to: Corporations Division P.O. Box 30702

Lansing, MI 48909

(517) 241-6470

OR File online at www.michigan.gov/fileonline

If more space is needed additional pages may be included. Do not steple any items to report. This report is required by Section 911, Act 284, Public Acts of 1972, as amended. Falters to file this report may result in the dissolution of the corporation. Late filing will result in penalty fees.

IBEW Local 557

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Local 557 - 75 years of Quality Electrical Installation

On November 29, 1929 the Charter to Local Union 557 was granted and signed by:

Fred A. Ross, W. J. Atherton, Winn Wilder, Richard Reinhardt, Alvin Darling, James Nolan, George D. Beck, Charles M. Berger, Conrad LaLonde, John R. Reams, Lester LaLonde, Charles Hendricks, Daniel Kearns, Murray Sills, Walter J. Behm, John Goodrich, and William C. Smelley.

The following facts were provided by the International Staff to the delegates at the October, 2006 International Convention in Cleveland, Ohio:

Saginaw, Michigan received their charter from the International Brotherhood of Electrical Workers on November 21, 1929. Prior to that three other cities were given the IBEW Local Union 557 designation, they were

Ryolite, Nevada in 1907 York, Pennsylvania in 1913 Minot, North Dakota in 1916.

Saginaw had three other IBEW Local Union designations prior to being assigned its current 557 designation. In 1895 Saginaw was Local Union 78, then in 1900 it was Local Union 145, and the last designation was Local Union 476 in 1913 before finally becoming Local Union 557 in 1929.

There also was an lineman local In Saginaw, Local Union 831 that was amalgamated with Local Union 17, of Detroit, in 1936.

The other IBEW Local Union in our area was in Local Union 1288 in Caro, established in 1941 which ceased to exist in 1944.

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IBEW Local 557

Office Hours

Monday - Friday 7:00am - 4:30pm

Contact

Phone: (989) 781-0516 Fax: (989) 781-0563

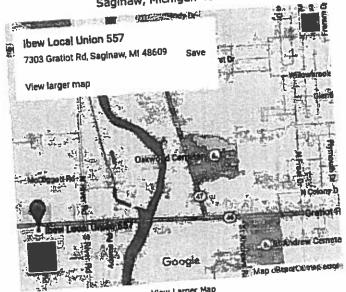
Job Line

Call (989) 781-0516 after 5 pm and hit 411 to listen to our job line, all

be posted before being filled. Please have your page and line numbers

Where We Are

Local Union 557 7303 Gratiot Road Saginaw, Michigan 48609



View Larger Map

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Important Links

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Page Last Updated: Nov 25, 2013 (09:27:50)





State of Michigan RUTH JOHNSON, SECRETARY OF STATE DEPARTMENT OF STATE LANSING

July 1, 2016

Joseph J. Tomczyk P.O. Box 113 St. Johns, Michigan 48879

Dear Mr. Tomczyk:

The Department of State received a response to the complaint you filed against William Federspiel, which concerns an alleged violation of the Michigan Campaign Finance Act (MCFA), 1976 P.A. 388, MCL 169.201 *et seq*. A copy of the response is provided as an enclosure with this letter.

If you elect to file a rebuttal statement, you are required to send it within 10 business days of the date of this letter to the Bureau of Elections, Richard H. Austin Building, 1st Floor, 430 West Allegan Street, Lansing, Michigan 48918.

Singerely, Low A Bombons

Lori A. Bourbonais Bureau of Elections

Michigan Department of State

c: Jonathan E. Lauderbach



June 28, 2016

VIA EMAIL AND OVERNIGHT DELIVERY

Ms. Lori A. Bourbonais Michigan Department of State Bureau of Elections Richard H. Austin Building, 1st Floor 430 West Allegan Street Lansing, Michigan 48918 MICHIGAN DEPT OF STA

Re: Response to Campaign Finance Complaints - William L. Federspiel

Dear Ms. Bourbonais:

This letter serves as a response to the two complaints filed by Mr. Joseph J. Tomczyk on or about May 2, 2016 against our client, William L. Federspiel. The first complaint concerns the October 2014 Quarterly Report of the candidate committee Bill Federspiel for Sheriff (I.D. 101232, the "Committee") (the "2014 Complaint"). The second complaint concerns the October 2015 Quarterly Report of the Committee (the "2015 Complaint"). And while Mr. Tomczyk's complaints are directed only at Mr. Federspiel, the responses below to each item identified in the Complaints are submitted on behalf of both Mr. Federspiel and the Committee. In addition, amended October Quarterly Reports for 2014 and 2015 are being filed today with the Saginaw County Clerk, and copies are attached hereto for your reference as Exhibits 1 and 2, respectively.

Introduction

We note at the outset that none of the errors or omissions identified in the Complaints was either knowing or intentional. Rather, each of the errors or omissions highlights the need for training of campaign staff and for improved recordkeeping practices. To this end, the Committee has retained the accounting firm of Andrews Hooper & Pavlik, PLC ("AHP") to serve as its designated record keeper. An amended Statement of Organization to that effect is being filed contemporaneously with this response. AHP has a team of professionals that specialize in campaign finance compliance and reporting, and we believe its internal control system will prevent errors or omissions in the future.

2014 Complaint

Item 1 – Summary Page Cumulative Totals Are Missing

Item 1 of the 2014 Complaint alleges that the Report fails to disclose cumulative totals on the Summary Page in violation of MCL 169.226(2). This information was inadvertently omitted and has been included in the revised report attached to this letter.

Item 2 - Schedule 1A, Item 7 Cumulative Totals for Some Donors Are Missing

Item 2 of the 2014 Complaint alleges that cumulative donation totals are missing for some of the contributors listed on Schedule 1A in violation of MCL 169.226(1)(e). This information was inadvertently omitted and has been included in the revised report attached to this letter.

Item 3 - \$300.00 Received from Rancillio & Associates

Item 3 of the 2014 Complaint alleges that the \$300.00 listed in the report as received from Rancillio & Associates is improper as a contribution from a for-profit corporation in violation of MCL 169.254(1). This contribution has been refunded. This error was neither knowing nor intentional, and we believe that having professional staff review each contribution as it is received will prevent similar occurrences in the future.

By way of further explanation, we note that this contribution does not, on its face, indicate that Rancilio & Associates is a corporation. As you will note from the copy of the check attached to this letter as Exhibit 3, the payee on the check is simply identified as "Rancilio & Associates" without any indication whether that business enterprise is a partnership, limited liability company or corporation. If it were either of the former two, the contribution would not have been prohibited although attribution rules would have applied. We believe that the lack of indicia of corporate status on the check caused confusion on the part of the volunteer campaign staff. This confusion notwithstanding, as noted above, the contribution is being refunded.

Item 4 - \$120.00 Received from Collison & Collison PC

Item 4 of the 2014 Complaint alleges that the \$120.00 listed in the report as received from Collison & Collison PC is improper as a contribution from a for-profit corporation in violation of MCL 169.254(1). This contribution has been refunded. At the time the report was completed, the Committee's treasurer was not aware that "PC" was an abbreviation for "professional corporation". She was watching for designations such as "Inc." and "Corp." This error was neither knowing nor intentional, and we believe that having professional staff review each contribution as it is received will prevent similar occurrences in the future.

By way of further explanation, Collison & Collison is a law firm in Saginaw. To the best of the Committee's knowledge, information and belief, the firm has four attorney-shareholders. If the same four attorneys had organized their law firm as a professional limited liability company instead of as a professional corporation, the contribution could have been accepted so long as it was properly attributed. We believe that under these circumstances, the distinction between the Committee's ability to accept a donation from a limited liability company but not from a professional corporation having the identical capital structure is largely arbitrary. As noted in the Attorney General's Opinion from 1994 on LLC contributions, the prohibition on corporate contributions is "to prevent uninformed or unwilling shareholder resources from being used to influence elections". Op.Atty.Gen. 1994, No. 6807. And because the Attorney General found that danger was not present in a Michigan LLC he concluded that contributions from LLC's are not prohibited. That danger is similarly not present in a Michigan professional

corporation. In a Michigan PC each shareholder must be a licensed professional in the field in which the organization is providing services. MCL 450.1281, 1288. While any individual could be a member of a Michigan LLC, an much smaller pool of individuals is eligible to participate in a Michigan PC. Further, the actions of a PC are more constrained than that of an LLC, as a PC "shall not engage in any business other than the rendering of the professional services for which it was specifically incorporated." MCL 450.1287. All of this keeps the ownership numbers in PC organizations small and therefore prevents the dangers identified by the Attorney General from developing. Functionally, the only difference between a PC and a PLLC is tax treatment, a factor which has no bearing on improper attempts to influence elections. We believe that this mitigating factor should be taken into account in this case.

Item 5 - \$400.00 Received from Mr. Tom Laatsch

Item 5 of the 2014 Complaint alleges that the \$400.00 listed in the report as received from Mr. Tom Laatsch is improper as the report does not list his primary business location. This information was inadvertently omitted and has been included in the revised report attached to this letter.

Item 6 - \$200.00 Received from the Local #557 of the IBEW

Item 6 of the 2014 Complaint alleges that the \$200.00 listed in the report as received from "Local Union #557, International Brotherhood of Electrical Workers" is improper as it was received from a labor organization in violation of MCL 169.254(1). We believe that the Committee's volunteer campaign staff did not understand the distinction between the labor organization and an associated PAC (which had made prior contributions to the Committee) and therefore mistakenly believed that the contribution could be accepted. This error was neither knowing nor intentional, and we believe that having professional staff review each contribution as it is received will prevent similar occurrences in the future. That said, this contribution is being refunded.

2015 Complaint

Item 1 - Summary Page Cumulative Totals Are Missing

Item 1 of the 2015 Complaint alleges that the Report fails to disclose cumulative totals on the Summary Page in violation of MCL 169.226(2). This information was inadvertently omitted and has been included in the revised report attached to this letter.

Item 2 - Schedule 1B Showing Itemized Expenditures is Missing

Item 2 of the 2015 Complaint alleges that Schedule 1B showing the detail to support the \$7,382.36 in campaign expenditures shown on the Summary Page is a violation of MCL 169.226(1)(j). This schedule was accidentally omitted from the report. A copy of the completed schedule accompanies this letter.

Item 3 - Schedule 1A, Item 7 Cumulative Totals for Some Donors Are Missing

Item 3 of the 2015 Complaint alleges that cumulative donation totals are missing for some of the contributors listed on Schedule 1A in violation of MCL 169.226(1)(e). This information was inadvertently omitted and has been included in the revised report attached to this letter.

<u>Item 4 – Two Anonymous \$20.00 Contributions</u>

Item 4 of the 2015 Complaint alleges that the two \$20.00 contributions listed in the Report with no donor identification are in violation of MCL 169.226(1)(e). The Committee received these donations in cash, as allowed, but was unaware that donor information still needed to be provided. This information is included in the revised report attached to this letter.

Item 5 - \$120.00 Received from the Local #557 of the IBEW

Item 5 of the 2015 Complaint alleges that the \$120.00 listed in the report as received from "Local Union #557, International Brotherhood of Electrical Workers" is improper as it was received from a labor organization in violation of MCL 169.254(1). We believe that the Committee's volunteer campaign staff did not understand the distinction between the labor organization and an associated PAC (which had made prior contributions to the Committee) and therefore mistakenly believed that the contribution could be accepted. This error was neither knowing nor intentional, and we believe that having professional staff review each contribution as it is received will prevent similar occurrences in the future. That said, this contribution is being refunded.

Item 6 - \$300.00 Received from Lake State Railway

Item 6 of the 2015 Complaint alleges that the \$300.00 listed in the report as received from Lake State Railway is improper as a contribution from a for-profit corporation in violation of MCL 169254(1). This contribution has been refunded. This error was neither knowing nor intentional, and we believe that having professional staff review each contribution as it is received will prevent similar occurrences in the future.

Item 7 - \$100.00 Received From Mr. David Ortega

Item 7 of the 2015 Complaint alleges that the \$100.00 listed in the report as received from Mr. David Ortega is improper as no address is listed in violation of MCL 169.226(1)(e). Mr. Ortega's address was inadvertently omitted on the report. It has been included on the corrected report attached to this letter.

Conclusion

Mr. Federspiel and the Committee have diligently committed themselves to correcting any errors and omissions in the 2014 and 2015 Quarterly Reports. None of the errors in the reports was done knowingly or with any intention of violating the Michigan Campaign Finance

Act. We request, on behalf of our client, that this matter be addressed through the conference and conciliation procedures of MCL 169.215(10) and we stand ready to provide such assurances as the Bureau deems appropriate to ensure compliance in the future.

Very truly yours,

Jonathan E. Lauderbach

JEL/adb

cc: Mr. William L. Federspiel



CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and s the treasurer (or designated record keeper) and can	Igned by	3. This Statement covers From:	07/21/14 to 10/2	0/14
1. Committee I.D. Number		Candidate Last Name	First Name	M.1.
101232		Federspiel	William	L
101202		4a. Office Sought Including Distr	rict # or Community Served (If a	pplicable)
2. Committee Name		Sheriff		
Bill Federspiel for Sheriff		4b. County of Residence SAG		
5. Committee's Malling Address		6. Treasurer's Name & Residen	tial Address	
PO Box 5281		Mandy Federspiel		
Saginaw, MI 48603	34	2159 Manchester Dr.		
		Saginaw, MI 48609		
(000) 744 0000				1
Area Code and Phone (989) 714-0968 If the address in this box is different from the commit	lee			
mailing address on the Statement of Organization, m be sent to this address by the filing official.	iall may	Area Code & Phone (989) 714	4-0968	
7. Treasurer's Business Address		8. Designated Record keeper's	Name and Malling Address (If	the committee has a
		Designated Record keeper)		
N/A		Kim Holzhauer	Suite 100	
		5915 Eastman Ave., Midland, MI 48640	Suite 100	
		Wildiana, Wil 40040		
		Area Code and Phone (989)) 835-7721	
Area Code and Phone		Med cope and I hour	9e, Dissolution of Candidate	Committee
9. TYPE OF STATEMENT		NLY if candidate	By checking this item !///	certify any outstanding debt
9a. Pre-Election OR 9b. Post-Election	current year	e ballot for the	ing the committee to the condi-	late or his or her soouse is here.
Pre-Election or Post-Election Statement relates to:		4.4.	by discharged and forgiven, ar the committee. The committee	has no oustanding assets.
Primary	July Quai	тепу	owes no lates fees or has any	oustanding debt.
General	⊠October (Quarterly	Further, if the dissolution cann	ot be granted, that this be
T III			considered a request for the R	eporting Walver.
Convention	<u></u>			
Special	9c. Annu	al Statement () Coverage Year	Effective date of dis	solution
School				
Caucus	Con	ndment to Campaign Statement nplete item 9a, 9b, 9c or 9e to	Note: The disposition of resid	ual funds must be reported on
		ate which Statement is being added.)	Schedule 1B and the Summa	ry Page.
å	1 211/61			
Date of Election, Convention or Caucus				
10. Verification: IVWs certify that all reasonable dilig	1	d in the preparation of this statem	ent and attached schedules (if	any) and to the best of
in. Verification: ItWe certify that all reasonable diagramylour knowledge and belief the contents are true,	accurate and	complete	h	
Current Treasurer or Kim Holzhaue	er	1 75. HA	7/	6/28/2016
Designated Record keeper Type or Print Name		Signature	Date	
*		11. 12/2	. (1)	010010040
Candidate William L. Federspiel		I WIM LEACH	Lym Dale	6/28/2016
Type or Print Name	•	Signature	/	





ORIGINAL OR AMENDED STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

information on this form is made public.

	Internation (311 (1113) (1113)		1-
1. Committee ID #:	*2. Type of Filing: Original:	int to items: 8,_	9 Eff. 1	Date: 06/87/16
*3. Full Name of Committee (must include	Candidate's first and last name):		- 1	
442. Candidate Full Name: Last Name	Fir	st Name		M.I.
*4b. Political Party (if applicable):	*4	ic. County of Residence	:	
*4d. Office Sought:	*4	le. District/Circuit # or J	Jurisdiction:	
*5. Date Committee was Formed:				
*6a, Committee Phone:		o. Committee Fax #:		
*6c. Committee Primary Email Address:		d. Committee Website	Address:	
*7a. Complete Committee Mailing Addre	ss (May be PO Box):			
*7b. Complete Committee Street Address				
	erspiel 21	59 Mai	nchester	- Dr., Saginani MI 48609
Phone #(989) 714-096	Email Address	7/1/4/10/9_18	reispiele /	Mail. com
9. Designated Record Keeper Name and Kim Hozhaves	- 5914 East	man Ave.	Suite 100,	Midland, MI 48640
Phone # (489) 835-772		Kim. holz	haver@al	pple.com
*10. REPORTING WAIVER REQUEST: YES, I/WE WANT TO APPLY FOR THE I/WE understand that if the commit and Annual Campaign Statements. I, threshold and all required campaign Reports.	tee does not spend or received in ea	rootting Mainer mill be s rootting Mainer mill be s	automatically lost if the co	ommittee exceeds the \$1,000
NO, I/We DO NOT WANT TO APPLY 1/We understand that the committe excess of \$1,000 in an election. I fur to avoid paying late filing fees. Fur	e owes Pre, Post, Quarterly and Ani ther understand that the Reporting	g Waiver cannot be req	uested retroactively to a	vold filing requirements and mmittee Manual.
*11. Name and Address of Depositories this item must be completed, an account *Official Depository (name and address	or Intended Depositories of commi does not have to be opened until t	ittee iungs, (Micnigan o	SUK' CLEOIC OMOUGH OF SEAN	ngs & Loan Association) While
Secondary Depository (name and add	iress):			
12. This item applies only to Guberr	atorial Candidate Committees: Ch			
13. ELECTRONIC FluNG: This item applies Candidate Committees that file with the Committee spent or received or exp	Cause: Clark's amen			s only and does not apply to
Company of the state of the sta	or does not expect to spend or rec	eive in excess of \$5,000	and would like to file ele	ectronically voluntarily.
Further information regarding Elect 14. Verification: I/We certify that all reacomplete to the best of my/our knowled the signatures that verify the accuracy and the preparation.	tronic Filling can be found in Appent sonable diligence was used in the p lige or belief. If filling campaign state and completeness of each statemen of each statement electronically fill	reparation of the above ments electronically, we t filed electronically by ed by this committee an	e statement and that the e further agree that the si	contents are true, accurate and gnatures below shall serve as ify that all reasonable
accurate and complete to the best of m	y/our knowledge or bellef. (Sign Nar	*Current Treasurer	1	Date: 06-27-16
*Designated Record Keeper (If Applicate)	San	Date:



1. Committee 1.D. Number 101232

SUMMARY PAGE CANDIDATE COMMITTEE

2 Committee Name Committee To Elect Bill Federspiel Sheriff

CANDIDATE COMMITTEE	2. Committee Name COMMITTEE 10 Elec	r Dill Lenerablet Otter III
RECEIPTS	Calumn I	Column !!
3. Contributions	This Period	Cumulative this election cycle
	(3a.) \$ 9,390.00	
a. Itemized (Schedule 1A - Column 5)	,	l 1
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	27245
c. Subtotal of "Contributions"	(3c.) \$ \$9,390.00	(18.) \$ 22,245
4. Other Receipts (Schedule 1A -1, Column 6)	(4) \$ \$0.00	(19.) \$
S. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(s.) s \$9,390.00	(20.) s <u>22;245</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$0.00	(21.) 5
7. In-Kind Expenditures (Schedule 18-lik, Column 6)	(7.) \$ \$0.00	(22.)\$
EXPENDITURES		,
8. Expenditures	00 200 47	
a. Itemized (Schedule 18, Column 6)	(8a.) S \$6,529.47	
b. Itemized Gel-Out-the-Vote (Schedule 18-G)	(8b.) \$ \$0.00	
c. Uniterrized (less than \$50.01 each - no Schedule)	(8c.) \$ \$0.00	25.01.179
S. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$6,529.47	(22) 5. 25. 961.79
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Orly)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$ \$0.00	
b. Uniterrized (less than \$50.01 each - no Schedule)	(10b.) \$ \$40.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ \$40.00	(24.)5 40.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ \$0.00	
b. Owed to the Committee (Schedule 15)	(12h.)\$ \$0.00	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	\$13.) \$ \$1,095.71 (14.)+ \$ \$9,390.00 (15.)= \$ \$10,485.71 (16.)- \$ \$6,569.47 (17.) \$ \$3,916.24	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

101232 1, Committee I.D. Number _ Committee To Elect Bill Federspiel for Sheriff

CANDIDATE COMMITTEE 2. Committee Name	mittee 10 Elect Bin	
Enter contributor's name and address. If contribution is from an individual, enter lest name, first name, middle initial. Check box to Indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report ell 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. Dets of Receipt 7-3+14 Name & Address: Local Union #557 Int' Brother hood of Electrical Workers 7303 Grathot Rd 5. Trover \$100.00 cumulative, please provide: Decupation	s 200°°° Click Here f	200.00 or Memo Itemization
3. Contribution #2 PAC Receipt? TYES 4. Date of Receipt 7-3 1-14 Name & Address Mary Lower Stock Ct. K163 Saginaw MI 48609 5. If over \$100.00 cumulative, please provide: OccupationEmployer	S HOOD Click Here	s 40.00 for Memo Itemization
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-31-14 Name & Address: Horn, Kenneth B. 1 Sun burst Cd Frankanmuth MT48734 2. if over \$100.00 cumulative, please provide: Occupation	s 100°00 Cilck Here	s 100.00 for Memo Itemization
Type of Contribution: Direct Loan from a person of Political Steel Table of Receipt 7-31-19 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7-31-19 PAC Receipt 7-	s 250°Click Here	s_250.00
Type of Contribution: Direct Loan from a person Fund Raiser Page Sul	590°	

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

Enter this total on line 3a of Summary Paga.

Page 1 of 37



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number ____

101232

CANDIDATE COMMITTEE

2. Committee Name Committee To Elect Bill Federspiel for Sheriff

###		
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 7-31-14 Name & Address: Saginaw County Democratic Exec. Committed No. Michigan Aug Soginaw MI 48602 5. If over \$400.00 cumulative, please provide: Occupation Employer	:100 <u>-</u>	s 100.00 s r Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fusti Reises 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt T-31- Y Name & Address Collison + Collison PC 5011 Colony Dr. N PO Boy 10010 Y81008 5. If over 100.00 cumulative, please provide:	s 1200	s 120.00 or Memo Itemization ▼
OccupationEmployer		
Type of Contribution: Direct Loan from a person Fund Raiser	— · · · · · · · · · · · · · · · · · · ·	<u> </u>
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-31-14 Name & Address: Plumbers + Steam F. Hers 85 P.A.C. 6705 Wess St Scapinaw MI 48603 5. If aver 100.00 cumulative, please provide:	s <u>acos^{co}</u> Click Here fo	s 70000 r Memo Itemization ✓
Business Address		
Type of Contribution: Direct Lean from a person 🖌 Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7-31-14 The state of the st	s I (Y) CO	s 100.00 or Memo Itemization
Business Address Loan from a person Fund Raisor		
Type of Contribution: Direct Loan from a person Puna Asistar Page Subtotal Crand Total of All Schedules 1A. (Complete on last page of Schedule)	(4) (11)	

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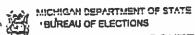
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number _

2. Committee Name

CANDIDATE COMMITTEE 2. Committee Name		
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 7-31-14 Name & Address: HOR, MOSVIN D. 1396 W. Delta Dr. 309, naw MJ 48638 5. If over \$100.00 cumulative, please provide: Occupation Employer	s 30 ²⁰ Click Here f	s 20.00 or Memo Itemization
Business Address Type of Contribution: Direct Loan from a person Fund Relief		
Type of Contribution: Direct Loan from a person Fusit Research 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7.31-14 Name & Address Stack, Chuch 5708 Venoy Rd 309 naw MI 48604	s 40,00	s 40.00
30g1 mi 48604	Click Here f	for Memo Itemization
5. If over \$100,00 cumulative, please provide:		
OccupationEmployer		
Business Address Japan from a necrotal Fund Raiser		
Type of Contribution: Direct		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 1-31-14 Name & Address: Hare Address:	s 4000 Click Here	\$ 40.00
OccupationEmployer		
Business Address Loan from a person Fund Raiser		
Type of Contribution: Direct Loan from a person 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7-31-14 Name & Address MCINTYPE, Kathleen 1300 Wienelle MC SCOT MWMILLY & 38 5. If over \$108.00 cumulative, please provide:	100°C	\$ 100.00
Uccupation Employer		23
Samuel Total of All Sabadishar		
(Complete on last page of Sche	Enter this total line 3a of Sum Page.	on mary

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ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 2. Committee Name Committee To Elect Bill Federspiel for Sheriff

101232

de name and address.	If contribution is from an indi-	vidual, enter last r	rame, first name,
	the state of the state of the state of	Committee of an	Independent

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 7-31-14 Name & Address: De Francesco, Joseph G 320 Superior Sagirauj MI 48600 5. If over \$100.00 cumulative, please provide: Occupation Peh Ce d Employer	s (oO, OO) Click Here fo	s 100 r Memo itemization
Business Address Type of Contribution: Direct Loan from a person & Fund Relies		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7-31-14 Name & Address McCdgan, Susan M. 525 West-Chest er Sugnaw MI 48605 5. If over \$100.00 cumulative, please provide: Occupation Employer	s 40,00 Click Here fo	s_40.00 r Memo Itemization
Business Address Logn from a person Fund Raiser		
3. Contribution#3 PAC Receipt? YES 4. Date of Receipt 7-31-14 Name & Address: Much len beck, M. F. 3795 N. Center Rd. Apt 100 Saginaum T 48603 2. If over \$100.00 cumulative, please provide: Occupation Cetical Employer Business Address	S 100.00 Click Here fo	s 100.00
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7-3 -14 Piente à Address HOLLIE POLICIO A 2568 S. OFF RO Freeland MJ 48623 3. If over \$180.00 cumulative, please provide: Uccupation Refired Employer Business Address		s 18000 or Memo itemization
Type of Contribution: Olrect Loan from a person Fund Raiser Page Sublot	a 300.00	

Grand Total of All Schedules 1.5 (Complete on last page of Schedule)

Enter this total on line 3s of Summary

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