



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 03/05/12 to 07/22/12

1. Committee I.D. Number 78220	4. Candidate Last Name Hauser-Hurley	First Name Gail	M.I. M
2. Committee Name Gail Hauser-Hurley for Clerk	4a. Office Sought Including District # or Community Served (If applicable) Bedford Township Clerk		
5. Committee's Mailing Address 174 Marengo Dr. Temperance, MI 48182	4b. County of Residence Monroe		
Area Code and Phone <u>(734) 847-1796</u> If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	6. Treasurer's Name & Residential Address Ronald H. Hurley 174 Marengo Dr. Temperance, MI 48182		
7. Treasurer's Business Address	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Ronald H. Hurley 174 Marengo Dr. Temperance, MI 48182		
Area Code and Phone _____	Area Code & Phone <u>(734) 847-1796</u>		

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☒ Primary ☐ General
☐ Convention ☐ School
☐ Special ☐ Caucus

Date of Election, Convention or Caucus

08/07/12

9c. ☐ Annual Statement (_____ Coverage Year)

9d. ☒ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

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

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. **If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.**

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper Ronald H Hurley Ronald H Hurley Date 7/26/12
Type or Print Name Signature
Candidate Gail Hauser-Hurley Gail Hauser-Hurley Date 7-26-12
Type or Print Name Signature



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 78220

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Gail Hauser-Hurley for Clerk

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>4,300.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$4,300.00</u>	(18.) \$ <u>\$4,300.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$4,300.00</u>	(20.) \$ <u>\$4,300.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$308.76</u>	(21.) \$ <u>\$308.76</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$2,841.96</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$2,841.96</u>	(23.) \$ <u>\$2,841.96</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ <u>\$0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$4,308.76</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$4,300.00</u>	
	(15.) = \$ <u>\$4,300.00</u>	
15. SUBTOTAL Add lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$2,841.96</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$1,458.04</u>	*



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 78220
2. Committee Name Gail Hauser-Hurley for Clerk

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/05/12</u></p> <p>Name & Address: Hurley Gail M. 174 Marengo Dr. Temperance, MI 48182</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Reception</u> Employer <u>Family Medical Center of Michigan</u> Business Address <u>8765 Lewis Ave., Temperance, MI 48182</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>300.00</u>	\$ <u>300.00</u>
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/14/12</u></p> <p>Name & Address: Hurley Gail M. 174 Marengo Dr. Temperance, MI 48182</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Reception</u> Employer <u>Family Medical Center of Michigan</u> Business Address <u>8765 Lewis Ave., Temperance, MI 48182</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>800.00</u>	\$ <u>1,100.00</u>
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/22/12</u></p> <p>Name & Address: Godfrey, Larry D 1932 Stoneybrook Temperance, MI 48182</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>50.00</u>	\$ <u>50.00</u>
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/18/12</u></p> <p>Name & Address: Goodridge Jerry T. 8119 Sterns Rd. Lambertville, MI 48144</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>100.00</u>	\$ <u>100.00</u>

Page Subtotal \$1,250.00

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 78220

2. Committee Name Gail Hauser-Hurley for Clerk

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: McBee, Mary A. 8119 Sterns Rd. Lambertville, MI 48144	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/11/12</u>	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: Tucker Duane L. 9200 Jackman Rd. Temperance, MI 48182	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/12</u>	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Hurley Ronald H. 174 Marengo Dr. Temperance, MI 48182	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/20/12</u>	\$ <u>2,900.00</u>	\$ <u>2,900.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address:	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$3,050.00

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

\$5,000.00

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 78220

2. Committee Name Gail Hauser-Hurley for Clerk

CANDIDATE COMMITTEE

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Hurley Gail 174 Marengo Dr. Temperance, MI 48182 If over \$100.00 cumulative, please provide: Occupation: <u>Reception</u> Employer Name & Business Address: Family Medical Center of MI 8765 Lewis Ave. Temperance, MI 48182 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <u>LOAN</u> Description <u>Ink Cartridges, Address and Return Address Labels</u> 5. Date Of Receipt: <u>06/04/12</u> 6. Vendor Name & Address: Target 817 W. Alexis Ave. Toledo, OH 43612	\$ <u>123.81</u>	\$ <u>123.81</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Hurley Gail 174 Marengo Dr. Temperance, MI 48182 If over \$100.00 cumulative, please provide: Occupation: <u>Reception</u> Employer Name & Address: Family Medical Center of MI 8765 Lewis Ave. Temperance, MI 48182 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <u>LOAN</u> Description <u>Candy for Summerfest Prade</u> 5. Date Of Receipt: <u>06/18/12</u> 6. Vendor Name & Address: Kroger 3462 W. Sterns Rd. Lambertville, MI 48144	\$ <u>34.95</u>	\$ <u>158.76</u>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Hurley Gail 174 Marengo Dr. Temperance, MI 48182 If over \$100.00 cumulative, please provide: Occupation: <u>Reception</u> Employer Name & Address: Family Medical Center of MI 8765 Lewis Ave. Temperance, MI 48182 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <u>LOAN</u> Description <u>Rental of Carr Park Community Center</u> 5. Date Of Receipt: <u>06/14/12</u> 6. Vendor Name & Address: Bedford Township Hall 8100 Jackman Rd. P.O. Box H Temperance, MI 48182	\$ <u>100.00</u>	\$ <u>258.76</u>
Page Subtotal		\$ <u>258.76</u>	

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

Enter this total
on line 6 of Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 78220

2. Committee Name Gail Hauser-Hurley for Clerk

CANDIDATE COMMITTEE

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Hurley Gail 174 Marengo Dr. Temperance, MI 48182 If over \$100.00 cumulative, please provide: Occupation: <u>Reception</u> Employer Name & Business Address: Family Medical Center of MI 8765 Lewis Ave. Temperance, MI 48182 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Hole Sponsor for Golf Outing</u> 5. Date Of Receipt: <u>07/10/12</u> 6. Vendor Name & Address: BCF/BPS Cares P.O. Box 54 Lambertville, MI 48144	\$ <u>50.00</u>	\$ <u>308.76</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____	\$ _____
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____	\$ _____

Page Subtotal \$50.00

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) \$308.76

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 78220
2. Committee Name Gail Hauser-Hurley for Clerk

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Engraved Image</u> Address <u>6806 Lewis Ave.</u> <u>Temperance, MI 48182</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>I D Badges</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/13/12</u> Date Click Here for Memo Itemization Type	\$ <u>33.39</u>
Expenditure #2 Name <u>MBT</u> Address <u>9007 Lewis Ave.</u> <u>Temperance, MI 48182</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Duplicated Checks</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/14/12</u> Date (Memo Itemization)	\$ <u>27.47</u>
Expenditure #3 Name <u>H.E.L.P. Printers, Inc.</u> Address <u>9673 Lewis Ave.</u> <u>Temperance, MI 48182</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Magnets</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/14/12</u> Date Click Here for Memo Itemization Type	\$ <u>212.73</u>
Expenditure #4 Name <u>H.E.L.P. Printers, Inc.</u> Address <u>9673 Lewis Ave.</u> <u>Temperance, MI 48182</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Election Cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/15/12</u> Date Click Here for Memo Itemization Type	\$ <u>451.26</u>
Expenditure #5 Name <u>Target</u> Address <u>817 W. Alexis Rd.</u> <u>Toledo, OH 43612</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Reimbursement for "In-Kind" Contribution</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/04/12</u> Date Click Here for Memo Itemization Type	\$ <u>123.81</u>

Subtotal this page **\$724.85**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 78220
2. Committee Name Gail Hauser-Hurley for Clerk

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Kroger</u> Address <u>3462 W. Sterns Rd.</u> <u>Lambertville, MI 48144</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Reimbursement for "In-Kind" Contribution</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/18/12</u> Date Click Here for Memo Itemization Type	<u>\$ 34.95</u>
Expenditure #2 Name <u>H.E.L.P. Printers, Inc.</u> Address <u>9673 Lewis Ave.</u> <u>Temperance, MI 48182</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Yard Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/23/12</u> Date (Memo Itemization)	<u>\$ 1271.69</u>
Expenditure #3 Name <u>Temperance Post Office</u> Address <u>8149 Lewis Ave.</u> <u>Temperance, MI 48182</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Stamps/AV Post Cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/25/12</u> Date Click Here for Memo Itemization Type	<u>\$ 569.60</u>
Expenditure #4 Name <u>Bedford Press</u> Address <u>3363 Hemmingway Ln.</u> <u>Lambertville, MI 48144</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Ad</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/08/12</u> Date Click Here for Memo Itemization Type	<u>\$ 120.00</u>
Expenditure #5 Name <u>H & S Sports Plus</u> Address <u>8952 Lewis Ave.</u> <u>Temperance, MI 48182</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>T-Shirts</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/18/12</u> Date Click Here for Memo Itemization Type	<u>\$ 155.82</u>

Subtotal this page **\$2,117.11**

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

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 78220
2. Committee Name Gail Hauser-Hurley for Clerk

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Bedford Township Hall</u> Address 8100 Jackman Rd. P.O. Box H Temperance, MI 48182 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Reimbursement for "In-Kind" Contribution</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/14/12</u> Date Click Here for Memo Itemization Type	\$ <u>100.00</u>
Expenditure #2 Name <u>BPS Cares</u> Address P.O. Box 54 Lambertville, MI 48144 <input type="checkbox"/> Fund Raiser	Purpose: <u>Reimbursement for "In-Kind" Contribution</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/10/12</u> Date (Memo Itemization) Click Here for Memo Itemization Type	\$ <u>50.00</u>
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date Click Here for Memo Itemization Type	\$ _____
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date Click Here for Memo Itemization Type	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date Click Here for Memo Itemization Type	\$ _____
Subtotal this page			\$2,841.96
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$2,841.96

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 78220
2. Committee Name Gail Hauser-Hurley for Clerk

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Gail M. Hurley 174 Marengo Dr. Temperance, MI 48182	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>03/05/12</u> 6. <u>Original Amount of Debt:</u> <u>\$ 300.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 300.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Gail M. Hurley 174 Marengo Dr. Temperance, MI 48182	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>3/14/12</u> 6. <u>Original Amount of Debt:</u> <u>\$ 800.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 800.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Ronald H. Hurley 174 Marengo Dr. Temperance, MI 48182	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>6/20/12</u> 6. <u>Original Amount of Debt:</u> <u>\$ 2,900.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 2,900.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt) **\$4,000.00**

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

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

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 78220

2. Committee Name Gail Hauser-Hurley for Clerk

This Schedule itemizes:

a ☒ Debts and obligations owed by or forgiven the committee OR b ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Gail M. Hurley 174 Marengo Dr. Temperance, MI 48182	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>06/04/12</u> 6. <u>Original Amount of Debt:</u> <u>\$ 123.81</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 123.81 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Gail M. Hurley 174 Marengo Dr. Temperance, MI 48182	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>6/18/12</u> 6. <u>Original Amount of Debt:</u> <u>\$ 34.95</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 34.95 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Gail M. Hurley 174 Marengo Dr. Temperance, MI 48182	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>6/14/12</u> 6. <u>Original Amount of Debt:</u> <u>\$ 100.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 100.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt) **\$258.76**

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

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 78220
2. Committee Name Gail Hauser-Hurley for Clerk

This Schedule itemizes:

a ☒ Debts and obligations owed by or forgiven the committee OR b ☐ Debts and obligations owed to or forgiven by the committee.
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Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Gail M. Hurley 174 Marengo Dr. Temperance, MI 48182	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>07/10/12</u> 6. <u>Original Amount of Debt:</u> \$ <u>50.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>50.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

\$50.00

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

\$4,308.76

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