

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 Statemen	t covers From: 03/05/12	to 07/22/12	
1. Committee I.D. Number	4. Candidate La	ast Name	First Name	M.1.
78220	Hauser-Hurl	ley Gail		M
2. Committee Nome	4a. Office Sought	t Including District # or Commi	unity Served (If applicable	e)
2. Committee Name	Bedford	d Township C	lerk	
Gail Hauser-Hurley for Clerk	4b. County of Res			
5. Committee's Mailing Address		ame & Residential Address		1 Y 1
174 Marengo Dr.	Ronald H. H	Hurley		
Temperance, MI 48182	174 Mareng			
	Temperano	e, MI 48182		
470.11.0.17.4700				
Area Code and Phone (734) 847-1796 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.	Area Code & Pho	one (734) 847-1796	4	#
7. Treasurer's Business Address		ecord keeper's Name and Mai ord keeper)	iling Address (If the com	mittee has a
	Less The American in			
	Ronald H. I			
	The state of the s	e, MI 48182		
		,		
Area Code and Phone	Area Code and F	Phone (734) 847-1796		
9. TYPE OF STATEMENT				
9a. Pre-Election OR 9b. Post	-Election	9c. Annual Statement	(Coverage Y	(ear)
		a . Amandment to Com	oneign Statement (Compl	lata ltana Oa Ob Oa
Pre-Election or Post-Election Statement relates to:			paign Statement (Complich Statement is being an	
✓ Primary Gen	eral	9e. Dissolution of Candi	date Committee	
Convention Sch	ool	Effective	Date of Dissolution	
Special Cauc	cus	By checking this item, I\We o	certify that the committee	has no assets or
Date of Election, Convention or Caucus		outstanding debts, including the dissolution cannot be gra		
08/07/12		the Reporting Waiver.		
		Note: The disposition of residual 1B and the Summary Page.	dual funds must be repor	ted on Schedule
A committee that does not have a Reporting Waiver must file all reschedules. Direct contributions, in-kind contributions, loans, exper	quired Campaign S	Statements. The Campaign Standing debts count against the	latements must include a	all applicable er threshold
If any of the information listed in items 2, 4, 5, 6, 7, or 8 has change amendment to the Statement of Organization should accompany the before the filing deadline of a required campaign statement, the	ed since the informalis Campaign State at campaign state	ation was shown on the commement. If a request for a Repement cannot be waived.	nittee's Statement of Orgorting Waiver is not red	anization, an ceived on or
10. Verification: I/We certify that all reasonable diligence was used i my/our knowledge and belief the contents are true, accurate and co				
Current Treasurer or Private V	· Remail	10 11 61000	11 7/2	110
Designated Record keeper Type or Print Name	Signature	a republic	Date // Date	0/12
Candidate Gail Hauser Herley	, Shil Ha	euser Hurle	4 Date 7-24	617
Type or Print Name	Signature)	

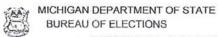


1. Committee I.D. Number 78220

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Gail Hauser-Hurley for Clerk

CANDIDATE COMMITTEE	2. Committee Name	
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		Camadayo uno olocion oyolo
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 4,300.00	_
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$_\$4,300.00	(18.) \$ \$4,300.00
. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$0.00	\$0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$4,300.00	(20.) \$ \$4,300.00
N-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$308.76	(21.) \$ \$308.76
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
B. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$2,841.96	_
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	_
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	_
. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$2,841.96	(23.) \$ \$2,841.96
NCIDENTAL EXPENSE DISBURSEMENTS Officeholders Only)		
Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	
1. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(100.) \$	_
(Add Line 10a + Line 10b)	(11.) \$	(24.) \$ \$0.00
DEBTS AND OBLIGATIONS 2. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ \$4,308.76	
b. Owed to the Committee (Schedule 1E)	400.10	
	(12b.) \$BALANCE STATEMENT	
Ending Balance of last report filed	(13.) \$_\$0.00	
(Enter zero if no previous reports have been filed.) 4. Amount received during reporting period	(14.) + \$ \$4,300.00	
(Line 5, Total Contributions & Other Receipts)		
5. SUBTOTAL Add lines 13 and 14	(15.) = \$_\$4,300.00	
Amount expended during reporting period	(16.) - \$ \$2,841.96	
(Add lines 9 and 11) 7. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$1,458.04	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

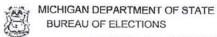
1. Committee I.D. Number

78220

CANDIDATE COMMITTEE

2 Committee Name Gail Hauser-Hurley for Clerk

Enter contributor's name and address. If contribution is from		, enter last name, first name,	6. Amount	7. Cumulative for
middle initial. Check box to indicate if contribution is from a Committee (PAC) Report <u>all</u> contributions regardless of am	nittee or an Independent		Election Cycle for Each Contributor (Through date of receipt)	
Contribution # 1 PAC Receipt? YES Name & Address:	4. Date of Rece	eipt 03/05/12		
Hurley Gail M. 174 Marengo Dr. Temperance, MI 48182 5. If over \$100.00 cumulative, please provide:			\$ 300.00	\$ 300.00
		cal Center of Michigan	Gildik Field i	or morris normadion
Business Address 8765 Lewis Ave., Temperance, I	MI 48182			
Type of Contribution: ☐ Direct	person	Fund Raiser		
Contribution #2 PAC Receipt? YES 4 Name & Address	. Date of Rece	ipt 03/14/12		
Hurley Gail M. 174 Marengo Dr. Temperance, MI 48182			_{\$} 800.00	_{\$} 1,100.00
5. If over \$100.00 cumulative, please provide:			Click Here fo	r Memo Itemization
Occupation Reception Employer Fam	nily Medical	Center of Michigan		
Business Address 8765 Lewis Ave., Temperance, M	/II 48182			
Type of Contribution: Direct Loan from a p		Fund Raiser	-	
		o4/22/12	The same of the sa	
Godfrey, Larry D 1932 Stoneybrook Temperance, MI 48182			\$ 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:			Click Here for	Memo Itemization
Occupation Employer				
Business Address		-		
Type of Contribution: Direct Loan from a p	-	Fund Raiser		
B. Contribution # 4 PAC Receipt? YES A	4. Date of Rece	05/18/12		
Goodridge Jerry T. 8119 Sterns Rd. Lambertville, MI 48144			_{\$} 100.00	_{\$_} 100.00
5. If over \$100.00 cumulative, please provide:			Clieb Here for	Manas Hansimalian
OccupationEmployer _			Click Here for	Memo Itemization
Business Address				
Type of Contribution: Direct Loan from a p	person	Fund Raiser		April 1980 Annie 1980
		Page Subtotal	\$1,250.00	
		and Total of All Schedules 1A		
Page of	(Compl	lete on last page of Schedule)	Enter this total on line 3a of Summary Page.	



ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

1. Committee I.D. Number ___78220

Gail Hauser-Hurley for Clerk

(CANDIDATE	C	DMMITTEE		Committee Name		ausor riune	y lot Olotk
Enter contributor's na middle initial. Check Committee (PAC) Re	box to indicate if co	ntrib	ution is from a Politica	dividual, al Comm	enter last name, first name, littee or an Independent	6	S. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 Name & Address:	PAC Receipt	?	YES 4. Date	of Rece	ipt 05/11/12			
McBee, Mary A 8119 Sterns Ro Lambertville, M	l.					\$	100.00	_{\$_} 100.00
5. If over \$100.00 cur		ovi	de:					
Occupation	188 150		Employer				Click Here fo	r Memo Itemization
Business Address								
Type of Contribution:	✓ Direct		Loan from a person		Fund Raiser			
3. Contribution #2 Name & Address	PAC Receipt?		YES 4. Date of	of Recei	pt 05/31/12			
Tucker Duane I 9200 Jackman Temperance, M	Rd.					\$_	50.00	\$ 50.00
5. If over \$100.00 cun		ovid	e:				Click Here fo	Memo Itemization
		_	mployer					
Business Address								
Type of Contribution:	√Direct		Loan from a person		Fund Raiser			
Contribution # 3 Name & Address:	PAC Receipt?		YES 4. Date	of Rece	ipt 06/20/12			
Hurley Ronald I- 174 Marengo D Temperance, M 5. If over \$100.00 cur Occupation Roll	r. I 48182		e: Employer			-	2,900.00 Click Here for	\$ 2,900.00 Memo Itemization
Business Address Type of Contribution:	Direct		Loop from a parson		1 = 10:			
		V	Loan from a person		Fund Raiser			
Contribution # 4 Name & Address	PAC Receipt?	L	YES 4. Date	of Rece	ipt			
						\$_		\$
5. If over \$100.00 cum	ulative, please pro	vid	9 :				Click Here for	Memo Itemization
Occupation	713	_	Employer					
Business Address								
Type of Contribution:	Direct		Loan from a person		Fund Raiser			
					Page Subtotal	\$3,0	050.00	
					and Total of All Schedules 1A ete on last page of Schedule)	\$5,	00.00	
Page 2 of 2				Compl	ere on last hade of Scriednie).		er this total on 3a of Summary ge.	



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 78220

SCHEDULE 1-II		11 1 6 01 1
CANDIDATE COMM	AITTEE 2. Committee Name Gail Hauser-	Hurley for Clerk
Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	Type of In-Kind Contribution (Check applicable box) Date of Receipt Name & Address of Vendor from whom goods or services purchased	7. Amount or Fair Market Value Sycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: Hurley Gail 174 Marengo Dr. Temperance, MI 48182	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-L	11
If over \$100.00 cumulative, please provide: Occupation: Reception Employer Name & Business Address: Family Medical Center of MI 8765 Lewis Ave. Temperance, MI 48182 Fund Raiser Contribution	Description Ink Cartridges, Address and Return Address Lab 5. Date Of Receipt: 06/04/12 6. Vendor Name & Address: Target 817 W. Alexis Ave. Toledo, OH 43612	els Click Here for Memo Itemization
Contribution # 2 PAC Receipt? Yes Name & Address Hurley Gail 174 Marengo Dr. Temperance, MI 48182	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-I	\$ 34.95 \$ 158.76
If over \$100.00 cumulative, please provide: Occupation: Reception Employer Name & Address: Family Medical Center of MI 8765 Lewis Ave. Temperance, MI 48182 Fund Raiser Contribution	Description Candy for Summerfest Prade 5. Date Of Receipt: 06/18/12 6. Vendor Name & Address: Kroger 3462 W. Sterns Rd. Lambertville, MI 48144	Click Here for Memo Itemization
Contribution #3 PAC Receipt? Yes Name & Address: Hurley Gail 174 Marengo Dr. Temperance, MI 48182	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ✓ Goods or Services Purchased by Candidate or Others-L	\$_100.00
If over \$100.00 cumulative, please provide: Occupation: Reception Employer Name & Address: Family Medical Center of MI 8765 Lewis Ave. Temperance, MI 48182 Fund Raiser Contribution	Description Rental of Carr Park Community Cent 5. Date Of Receipt: 06/14/12 6. Vendor Name & Address: Bedford Township Hall 8100 Jackman Rd. P.O. Box H Temperance, MI 48182	
	Page S	ubtotal \$258.76

Enter this total on line 6 of Summary Page

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



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 78220

CANI	DID	TE	CON	46417	TEE
CAN	ישועו	4 I E	COIN	HVII I	ICC

2. Committee Name Gail Hauser-Hurley for Clerk 4. Type of In-Kind Contribution (Check applicable box) 7. Amount or 8. Cumulative

Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	Type of In-Kind Contribution (Check applicable box) Date of Receipt 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? Yes Name & Address: Hurley Gail 174 Marengo Dr. Temperance, MI 48182 If over \$100.00 cumulative, please provide: Occupation: Reception Employer Name & Business Address: Family Medical Center of MI 8765 Lewis Ave. Temperance, MI 48182 Fund Raiser Contribution	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Hole Sponsor for Golf Outing 5. Date Of Receipt: 07/10/12 6. Vendor Name & Address:	50.00 \$ 308.76
Contribution # 2 PAC Receipt? Yes Name & Address If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4.	\$lick Here for Memo Itemization
Contribution #3 PAC Receipt? Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Date Of Receipt: Vendor Name & Address:	\$lick Here for Memo Itemization
	Page Subtota	\$50.00
	Grand Total of all Schedules 1-ll (Complete on last page of Schedule	

Enter this total on line 6 of Summary Page



ITEMIZED EXPENDITURES **SCHEDULE 1B**

78220

1. Committee I. D. Number

CANDIDATE COMMITTEE 2	CANDIDATE COMMITTEE 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 Engraved Image		03/13/12	\$ 33.39		
Address	Purpose: I D Badges	Date			
6806 Lewis Ave.		Click Here for Memo	Itemization Type		
Temperance, MI 48182	Check box if this expenditure is pay	ment of			
Fund Raiser	debt or obligation reported on previous				
Expenditure #2	Statement				
Name MBT	, "	03/14/12	\$ 27.47		
Address	Purpose: Duplicted Checks	Date			
9007 Lewis Ave.		(Memo Itemization)			
Temperance, MI 48182					
Fund Raiser	Check box if this expenditure is paydebt or obligation reported on previous statement	ment of			
Expenditure #3			19.		
Name H.E.L.P. Printers, Inc.		03/14/12	s 212.73		
Address	Purpose: Magnets	Date	\$ 212.75		
9673 Lewis Ave.		Click Horo for Morno	tomization Tune		
Temperance, MI 48182		Click Here for Memo I	ternization Type		
Fund Raiser	Check box if this expenditure is payr debt or obligation reported on previous	nent or			
Expenditure #4	statement				
Name H.E.L.P. Printers, Inc.	-	004540			
Therein in thinors, inc.		03/15/12 Date	\$ 451.26		
Address	Purpose: Election Cards	Date	×		
9673 Lewis Ave.		Click Here for Memo	temization Type		
Temperance, MI 48182	Charle have if this assessable to in a sure		ternization Type		
Fund Raiser	Check box if this expenditure is payn debt or obligation reported on previous statement	nerit of			
Expenditure #5					
Name Target		06/04/12			
Address	Purpose: Reimbursement for "In-Kind" Contribution		\$ 123.81		
817 W. Alexis Rd.		Click Here for Memo	temization Type		
Toledo, OH 43612	Check box if this expenditure is paym		omzation type		
Fund Raiser	debt or obligation reported on previous statement				
	/	Subtotal this page	\$724.85		
		of all Schedules 1B ast 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 Kroger		06/18/12	\$ 34.95
Address	Purpose: Reimbursement for "In-Kind" Contribution	on Date	
3462 W. Sterns Rd.		Click Here for Memo	Itemization Type
Lambertville, MI 48144			
Fund Raiser	Check box if this expenditure is paymed debt or obligation reported on previous statement	ent or	
Expenditure #2			
Name H.E.L.P. Printers, Inc.		06/23/12	\$ 1271.69
Address	Purpose: Yard Signs	Date –	
9673 Lewis Ave.		Memo Itemization)	
Temperance, MI 48182			
Fund Raiser	Check box if this expenditure is payme debt or obligation reported on previous statement	ent or	
Expenditure #3			
Name Temperance Post Office		06/25/12	\$ 569.60
Address	Purpose: Stamps/AV Post Card	S Date	
8149 Lewis Ave.		Niek Here for Mone	Haminatian Tone
Temperance, MI 48182	Check box if this expenditure is payme	Click Here for Memo nt of	itemization Type
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name Bedford Press		07/08/12	\$ 120.00
Address	Purpose: Campaign Ad	Date	120.00
3363 Hemmingway Ln. Lambertville, MI 48144	C	lick Here for Memo	Itemization Type
Lambertvine, wir 40144	Check box if this expenditure is paymen	nt of	
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name H & S Sports Plus		06/18/12	
Address	Purpose: T-Shirts	Date	\$ 155.82
8952 Lewis Ave.	C	lick Here for Memo	Itemization Type
Temperance, MI 48182	Check box if this expenditure is paymer		,,
Fund Raiser	debt or obligation reported on previous statement		
	s	Subtotal this page	\$2,117.11
		of all Schedules 1B page of Schedule)	

Enter this total on line 8a of Summary Page

2 of 3



ITEMIZED EXPENDITURES SCHEDULE 1B

78220 1. Committee I. D. Number

Gail Hauser-Hurley for Clerk

CANDIDATE COMMITTEE	2. Committee Name	y ioi oicik	
3. Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Bedford Township Hall		06/14/12	\$ 100.00
Address	Purpose: Reimbursement for "In-Kind" Contributi	ion Date	
8100 Jackman Rd.		Olista Uses for Mana	. Isi
P.O. Box H		Click Here for Memo	nternization Type
Temperance, MI 48182	Check box if this expenditure is payme	ent of	
Fund Raiser Expenditure #2	debt or obligation reported on previous statement		
Experiature #2			
Name BPS Cares		07/10/12	\$ 50.00
	Delectors are not for the Mindle Contribution	Date	\$ 50.00
Address	Purpose: Reimbursement for "In-Kind" Contribution	on 2010	
P.O. Box 54		(Mama Itaniantica)	
Lambertville, MI 48144		(Memo Itemization)	
Lambertonic, Ini 40144	Check box if this expenditure is payme	ent of	
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
The state of the s			
Name			
	×	Date	\$
Address	Purpose:	— Date	
		Click Here for Memo	Itemization Type
			nemzadon Type
	Check box if this expenditure is paymed debt or obligation reported on previous	ent of	
Fund Raiser	statement		
Expenditure #4			
Name		**	
			s
Address	Purpose:	Date	
	r dipose.	_	
		Click Here for Memo	Itemization Type
	Check box if this expenditure is paymed debt or obligation reported on previous	ent of	
Fund Raiser	statement		
Expenditure #5			
Name			
			\$
Address	Purpose:	Date	Φ
		Click Here for Memo	Itemization Type
	Check box if this expenditure is payme debt or obligation reported on previous	nt of	
Fund Raiser	statement		
	3	Subtotal this page	CO 044 00
		Cabiotal tillo page	\$2,841.96
		of all Schedules 1B t page of Schedule)	\$2,841.9

Enter this total on line 8a of Summary Page



DEBTS AND OBLIGATIONS

1. Committee I.D. Number

78220

SCHEDULE 1E	
CANDIDATE COMMITTEE	

Gail Hauser-Hurley for Clerk

Summary Page

CANDIDATE COMMITTEE 2. C	Committee Name	er-ridiley for Gle	I K	
This Schedule itemizes:	:41			
a Debts and obligations owed by or forgiven the com (Che	mittee OR b. Debt	s and obligations owed <u>to</u> ourpose checked.)	or forgiven <u>by</u> the con	mmittee.
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 endorsers 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? Yes Owed to or by:	4. Type: Loan	\$		
Gail M. Hurley	5. Date Debt Was Incurred:	\$		
174 Marengo Dr.	03/05/12			
Temperance, MI 48182	6. Original Amount of Debt:	- 3	\$ 0.00	\$_300.00
	\$ 300.00	\$	114	FORGIVEN
		\$	1	
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$ _	
Debt #2 Corp? Yes Owed to or by:	4. Type: Loan	\$		
Gail M. Hurley	5. Date Debt Was Incurred:	\$		
174 Marengo Dr.	3/14/12	•		State State and Colonial
Temperance, MI 48182	6. Original Amount of Debt:	\$	\$ 0.00	\$_800.00
	\$ 800.00	\$		FORGIVEN
and the same of th		\$		
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by:	4. Type: Loan	\$		The part of the pa
Ronald H. Hurley	5. Date Debt Was Incurred:	\$		
174 Marengo Dr.	6/20/12	\$		
Temperance, MI 48182	6. Original Amount of Debt:	\$	\$_0.00	\$_2,900.00
	\$_2,900.00			FORGIVEN
		\$		
If bank loan, name of endorser or guarantor:		Ar	mount Endorsed: \$_	
	a	Page Subtotal	(Outstanding debt)	\$4,000.00
		Grand Total	of all Schedules 1E	
	omplete on last page of Schedule s	The state of the s		Enter this total on line 12a "owed by"" or line 12b
A debt or obligation must be shown on this Schedu this Campaign Statement or it was forgiven during t	ie if there was an outstanding an the period covered by this Camp	nount owed on it at the claign Statement.	osing date of	"owed to" of the Summary Page



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number

78220

Gail Hauser-Hurley for Clerk

CANDIDATE COMMITTEE 2. C	ommittee Name	or riding for Gio		
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the com (Che	mittee OR b. Debts	s and obligations owed <u>to</u> orpose checked.)	r forgiven by the cor	nmittee.
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 endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	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? Yes Owed to or by:	4. Type: Loan	\$		
Gail M. Hurley	5. Date Debt Was Incurred:	\$		
174 Marengo Dr.	06/04/12	s	No. 2021	422.04
Temperance, MI 48182	6. Original Amount of Debt	\$	\$ 0.00	\$_123.81
	_{\$} 123.81			FORGIVEN
If hank loop, name of andersor or suprestor.		\$		
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type: Loan	\$		
Gail M. Hurley	5. <u>Date Debt Was Incurred</u> :	\$		
174 Marengo Dr.	6/18/12	\$		24.05
Temperance, MI 48182	6. Original Amount of Debt:	\$	\$ 0.00	\$_34.95
	\$_34.95			FORGIVEN
And the second s		\$		
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$	
Debt #3 Corp? Yes Owed to or by:	4. Type: Loan	\$		
Gail M. Hurley	5. <u>Date Debt Was Incurred</u> :	\$		
174 Marengo Dr.	6/14/12	\$		
Temperance, MI 48182	6. Original Amount of Debt:	\$	\$_0.00	\$_100.00
	\$_100.00			FORGIVEN
		\$		
If bank loan, name of endorser or guarantor:		An	nount 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) 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.

Summary Page



DEBTS AND OBLIGATIONS

1. Committee I.D. Number

78220

SCHEDULE 1E

Gail Hauser-Hurley for Clerk

CANDIDATE COMMITTEE 2. Co	ommittee Name			 	
This Schedule itemizes:	7				
a ✓ Debts and obligations owed by or forgiven the community (Chec	mittee OR b. Debt	s and obligations owed jurpose checked.)	to or forgiven by the co	mmittee.	
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 endorsers 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 o 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? Yes Owed to or by:	4. Type: Loan	\$_	_		
Gail M. Hurley 174 Marengo Dr.	5. Date Debt Was Incurred:	\$	_		
Temperance, MI 48182	07/10/12 6. Original Amount of Debt:	\$	- \$ 0.00	\$_50.00	
. 4	\$ 50.00	\$	_	FORGIVEN	
If bank loan, name of endorser or guarantor:		\$	_'_		
in bank loan, name of endorser of guarantor.		ī	Amount Endorsed: \$ _		
Debt #2 Corp? Yes Owed to or by:	4. Type:	\$			
	5. <u>Date Debt Was Incurred</u> :	\$	_		
	6. Original Amount of Debt:	\$	- _s	\$	
	\$	\$		FORGIVEN	
		\$	_		
If bank loan, name of endorser or guarantor:			Amount Endorsed: \$		
Debt #3 Corp? Yes Owed to or by:	4. Type:	\$	_		
	5. Date Debt Was Incurred:	\$	_		
	6. Original Amount of Debt:	\$	- •	s	
	\$	\$		FORGIVEN	
		\$	=		
If bank loan, name of endorser or guarantor:			Amount Endorsed: \$_		
		Page Subto	otal (Outstanding debt)	\$50.00	
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	

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.

by"" or line 12b "owed to" of the Summary Page