



**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.

<p>1. Committee I.D. Number 77644</p> <p>2. Committee Name COMMITTEE TO ELECT MIKE BASSINGER TOWNSHIP TRUSTEE</p>		<p>3. This Statement covers From <u>05/09/12</u> to <u>07/22/12</u></p> <p>4. Candidate Last Name <u>BASSINGER</u> First Name <u>MIKE</u> M.I. <u>J</u></p> <p>4a. Office Sought Including District # or Community Served (if applicable) <u>BEDFORD TOWNSHIP TRUSTEE</u></p> <p>4b. County of Residence <u>MONROE</u></p>	
<p>5. Committee's Mailing Address 3724 CONSEAR ROAD LAMBERTVILLE, MI 48144</p> <p>Area Code and Phone <u>(734) 854-4010</u></p> <p><small>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.</small></p>		<p>6. Treasurer's Name & Residential Address SHERRY BASSINGER 3724 CONSEAR ROAD LAMBERTVILLE, MI 48144</p> <p>Area Code & Phone <u>(419) 283-8312</u></p>	
<p>7. Treasurer's Business Address 7135 SYLVANIA AVENUE BLDG 2C SYLVANIA, OH 43560</p> <p>Area Code and Phone <u>(419) 841-1188</u></p>		<p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) NICOLE COLLINS 3352 DEAN ROAD LAMBERTVILLE, MI 48144</p> <p>Area Code and Phone <u>(734) 854-2926</u></p>	
<p>9. TYPE OF STATEMENT</p> <p>9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus <u>08/07/12</u></p>		<p>9c. <input type="checkbox"/> Annual Statement (_____ Coverage Year)</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)</p> <p>9e. <input type="checkbox"/> Dissolution of Candidate Committee</p> <p>Effective Date of Dissolution _____</p> <p><small>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.</small></p> <p><small>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</small></p>	
<p><small>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.</small></p>			
<p>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.</p>			
<p>Current Treasurer or Designated Record keeper <u>Sherry Bassinger</u> Type or Print Name</p>		<p><u>Sherry Bassinger</u> Signature</p> <p>Date <u>7/25/12</u></p>	
<p>Candidate <u>Michael J. Bassinger</u> Type or Print Name</p>		<p><u>[Signature]</u> Signature</p> <p>Date <u>7/25/12</u></p>	



1. Committee I.D. Number 77644

2. Committee Name COMMITTEE TO ELECT MIKE BASSINGER TOWNSHIP TRUSTEE

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$0.00</u>	(18.) \$ <u>\$0.00</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>\$0.00</u>	(20.) \$ <u>\$0.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$622.31</u>	(21.) \$ <u>\$0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$0.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$0.00</u>	(23.) \$ <u>\$0.00</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>\$0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$622.31</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>\$0.00</u>	
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>\$0.00</u>	
	(15.) = \$ <u>\$0.00</u>	
15. SUBTOTAL Add lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$0.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$0.00</u>	



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 77644

2. Committee Name COMMITTEE TO ELECT MIKE BASSINGER TOWNSHIP TRUSTEE

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: MIKE BASSINGER 3724 CONSEAR ROAD LAMBERTVILLE, MI 48144 If over \$100.00 cumulative, please provide: Occupation: SELF-EMPLOYED Employer Name & Business Address: BASSINGER BUILDING SERVICES PO BOX 135 LAMBERTVILLE, MI 48144 <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>CARDS, BANNER, MAGNETS</u> 5. Date Of Receipt: <u>06/13/12</u> 6. Vendor Name & Address: VISTAPRINT 95 HAYDEN AVENUE LEXINGTON, MA 02421	\$ <u>117.93</u>	\$ <u>117.93</u> Click Here for Memo Itemization
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: MIKE BASSINGER 3724 CONSEAR ROAD LAMBERTVILLE, MI 48144 If over \$100.00 cumulative, please provide: Occupation: SELF-EMPLOYED Employer Name & Address: BASSINGER BUILDING SERVICES PO BOX 135 LAMBERTVILLE, MI 48144 <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>T-SHIRTS</u> 5. Date Of Receipt: <u>06/13/12</u> 6. Vendor Name & Address: VISTAPRINT 95 HAYDEN AVENUE LEXINGTON, MA 02421	\$ <u>77.99</u>	\$ <u>195.92</u> Click Here for Memo Itemization
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: MIKE BASSINGER PO BOX 135 LAMBERTVILLE, MI 48144 If over \$100.00 cumulative, please provide: Occupation: SELF-EMPLOYED Employer Name & Address: BASSINGER BUILDING SERVICES PO BOX 135 LAMBERTVILLE, MI 48144 <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>CANDY FOR PARADE</u> 5. Date Of Receipt: <u>06/18/12</u> 6. Vendor Name & Address: COSTCO 3405 WEST CENTRAL AVENUE TOLEDO, OH 43606	\$ <u>71.94</u>	\$ <u>267.86</u> Click Here for Memo Itemization

Page Subtotal **\$267.86**

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 77644

2. Committee Name COMMITTEE TO ELECT MIKE BASSINGER TOWNSHIP TRUSTEE

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: MIKE BASSINGER 3724 CONSEAR ROAD LAMBERTVILLE, MI 48144 If over \$100.00 cumulative, please provide: Occupation: SELF-EMPLOYED Employer Name & Business Address: BASSINGER BUILDING SERVICES PO BOX 135 LAMBERTVILLE, MI 48144 <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>AMERICAN FLAGS</u> 5. Date Of Receipt: <u>06/18/12</u> 6. Vendor Name & Address: PARTY CITY 4962 MONROE ST TOLEDO, OH 43623 Click Here for Memo Itemization	\$ <u>10.66</u>	\$ <u>278.52</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: MIKE BASSINGER 3724 CONSEAR ROAD LAMBERTVILLE, MI 48144 If over \$100.00 cumulative, please provide: Occupation: SELF-EMPLOYED Employer Name & Address: BASSINGER BUILDING SERVICES PO BOX 135 LAMBERTVILLE, MI 48144 <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>AMERICAN FLAGS</u> 5. Date Of Receipt: <u>06/20/12</u> 6. Vendor Name & Address: PARTY CITY 4962 MONROE ST TOLEDO, OH 43623 Click Here for Memo Itemization	\$ <u>53.32</u>	\$ <u>331.84</u>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: MIKE BASSINGER PO BOX 135 LAMBERTVILLE, MI 48144 If over \$100.00 cumulative, please provide: Occupation: SELF-EMPLOYED Employer Name & Address: BASSINGER BUILDING SERVICES PO BOX 135 LAMBERTVILLE, MI 48144 <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>LABELS FOR FLAGS</u> 5. Date Of Receipt: <u>06/21/12</u> 6. Vendor Name & Address: OFFICE MAX 5221 MONROE ST TOLEDO, OH 43623 Click Here for Memo Itemization	\$ <u>5.76</u>	\$ <u>337.60</u>

Page Subtotal **\$69.74**

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

Enter this total
on line 6 of Summary
Page



**ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK**

1. Committee I. D. Number 77644

CANDIDATE COMMITTEE

2. Committee Name COMMITTEE TO ELECT MIKE BASSINGER TOWNSHIP TRUSTEE

3. Name and Address from whom received if contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: MIKE BASSINGER 3724 CONSEAR ROAD LAMBERTVILLE, MI 48144 If over \$100.00 cumulative, please provide: Occupation: SELF-EMPLOYED Employer Name & Business Address: BASSINGER BUILDING SERVICES PO BOX 135 LAMBERTVILLE, MI 48144 <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>YARD SIGNS</u> 5. Date Of Receipt: <u>06/21/12</u> 6. Vendor Name & Address: A.G.E. GRAPHICS 52231 ST. RT. 248 LONG BOTTOM, OH 45743	\$ <u>280.00</u>	\$ <u>617.60</u> Click Here for Memo Itemization
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: MIKE BASSINGER 3724 CONSEAR ROAD LAMBERTVILLE, MI 48144 If over \$100.00 cumulative, please provide: Occupation: SELF-EMPLOYED Employer Name & Address: BASSINGER BUILDING SERVICES PO BOX 135 LAMBERTVILLE, MI 48144 <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>LABELS FOR FLAGS</u> 5. Date Of Receipt: <u>06/22/12</u> 6. Vendor Name & Address: OFFICE MAX 5221 MONROE ST. TOLEDO, OH 43623	\$ <u>4.71</u>	\$ <u>622.31</u> Click Here for Memo Itemization
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: _____	\$ _____	\$ _____ Click Here for Memo Itemization

Page Subtotal **\$284.71**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **\$622.31**

Enter this total on line 6 of Summary Page



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

1. Committee I.D. Number 77644
2. Committee Name COMMITTEE TO ELECT MIKE BASSINGER TOWNSHIP TRUSTEE

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 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes MIKE BASSINGER 3724 CONSEAR LAMBERTVILLE, MI 48144	4. Type: <u>IN KIND CONTRIBUTIONS</u> 5. <u>Date Debt Was Incurred:</u> <u>06/22/12</u> 6. <u>Original Amount of Debt:</u> \$ <u>117.93</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0</u>	\$ <u>622.31</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes	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 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes	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) 622.31
Grand Total of all Schedules 1E 622.31
(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.