



ORIGINAL OR AMENDED
STATEMENT OF ORGANIZATION FORM FOR LOCAL CANDIDATE COMMITTEES FILED WITH A COUNTY CLERK
Information on this form is made public.

1. Committee ID #: 4555	*2. Type of Filing: <input type="checkbox"/> Original: <input checked="" type="checkbox"/> Amendment to items: 7a,10	Eff. Date: 10/18/2020
*3. Full Name of Committee (must include Candidate's first and last name): Committee to Elect Brandon L Sims		
*4a. Candidate Full Name: Last Name Sims	First Name Brandon	M.I. L
*4b. Political Party (if applicable): Democratic Party	*4c. County of Residence: MIDLAND	
*4d. Office Sought: Board Member - Local	*4e. District or Jurisdiction: District 6	
*5. Date Committee was <u>Formed</u> 4/20/2020		
*6a. Committee Phone: (989)750-1852	6b. Committee Fax #:	
*6c. Committee Email Address: Brandon@SimsForSix.com	6d. Committee Website Address: SimsForSix.com	
*7a. Complete Committee Mailing Address (May be PO Box): PO Box 2624, Midland, MI 48641-2624		
*7b. Complete Committee Street Address (May not be PO Box): 4901 Harding St, Midland, MI 48642-3024		
*8. Treasurer Name and Complete Residential Address: Sims, Brandon L., 4901 Harding St, Midland, MI 48642-3024		
Phone #: (989) 750-1852	Email Address: Brandon@SimsForSix.com	
9. Designated Record Keeper Name and Complete Address:		
Phone #:	Email Address:	
*10. REPORTING WAIVER REQUEST: <input type="checkbox"/> YES, I/We WANT TO APPLY FOR THE REPORTING WAIVER. The committee does not expect to receive or expend in excess of \$1,000.00 in an election. I/We understand that if the committee does not spend or received in excess of \$1,000.00 in an election , the committee does not owe detailed campaign statements. I/We further understand that the Reporting Waiver will be automatically lost if the committee exceeds the \$1,000.00 threshold and all required campaign statements must be filed. A Reporting Waiver does not exempt a committee from filing Late Contribution Reports. <input checked="" type="checkbox"/> NO, I/We DO NOT WANT TO APPLY FOR THE REPORTING WAIVER. The committee expects to receive or expend in excess of \$1,000.00 in an election. I/We understand that the committee owes detailed campaign statements even if the committee does not spend or receive in excess of \$1,000.00 in an election. I further understand that the Reporting Waiver cannot be requested retroactively to avoid filing requirements and to avoid paying late filing fees. Further information regarding Reporting Waivers can be found in <u>Appendix C</u> of the Committee Manual.		
*11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association) While this item must be completed, an account does not have to be opened until the first contribution is received. *Official Depository (name and address): TCF Financial Corporation, 333 W. Fort St, Suite 1800, Detroit, MI 48226 Secondary Depository (name and address):		
*12. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing campaign statements electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date)		
*Candidate:	Date: 10/23/20	*Current Treasurer Date:
*Designated Record Keeper (If Applicable) Date:		

FILED
TIME _____

OCT 23 2020

ANN MANARY
COUNTY CLERK
MIDLAND, MICHIGAN

Clear Form



**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: 7/20/2020 to 10/18/2020

1. Committee I.D. Number
4555

2. Committee Name
Committee to Elect Brandon L Sims

4. Candidate Last Name **Sims** First Name **Brandon** M.I. **L**

4a. Office Sought Including District # or Community Served (If applicable)
Board Member - Local *Midland County Commissioner District 6*

4b. County of Residence **MIDLAND**

5. Committee's Mailing Address
**PO Box 2624
Midland, MI 48641**

Area Code and Phone (989) 750-1852
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
**Brandon L Sims
4901 Harding St
Midland, MI 48642**

Area Code & Phone (989) 750-1852

FILED
TIME _____

7. Treasurer's Business Address

Area Code and Phone _____

8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)

**ANN MANARY
COUNTY CLERK
MIDLAND, MICHIGAN**

OCT 23 2020

Area Code and Phone _____

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
11/3/2020

Required ONLY if candidate is not on the ballot for the current year:

July Quarterly

October Quarterly

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

By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

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

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 **Brandon L Sims** Signature *[Signature]* Date **8/21/2020**

Candidate **Brandon L Sims** Signature *[Signature]* Date **8/21/2020**



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 4555
2. Committee Name Committee to Elect Brandon L Sims

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? <input type="checkbox"/> YES 4. Date of Receipt <u>7/30/2020</u> Name & Address: <u>Sims, Brandon L</u> <u>4901 Harding St</u> <u>Midland, MI 48642-3024</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>IT Analyst</u> Employer <u>Dow Chemical</u> Business Address <u>2211 H H Dow Way, Midland, MI 48642-4815</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	75.00 \$ _____	201.03 \$ _____ Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8/21/2020</u> Name & Address: <u>Barth, Linda</u> <u>2431 Damman Dr Apt 103</u> <u>Midland, MI 48640-4536</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	25.00 \$ _____	25.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8/24/2020</u> Name & Address: <u>Sims, Brandon L</u> <u>4901 Harding St</u> <u>Midland, MI 48642-3024</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>IT Analyst</u> Employer <u>Dow Chemical</u> Business Address <u>2211 H H Dow Way, Midland, MI 48642-4815</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	843.31 \$ _____	1044.34 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8/26/2020</u> Name & Address: <u>Bott, Christopher</u> <u>2514 E. Sugnet Ct</u> <u>Midland, MI 48642-4006</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	10.00 \$ _____	10.00 \$ _____ Click Here for Memo Itemization

Page Subtotal **953.31**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 4555
2. Committee Name Committee to Elect Brandon L Sims

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? <input type="checkbox"/> YES 4. Date of Receipt <u>8/28/2020</u> Name & Address: Siemsen, Linda 5902 Wildflower Cir Midland, MI 48642-7186 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	20.00 \$ _____	20.00 \$ _____ Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8/28/2020</u> Name & Address: Shih, Marian P. 5511 Copperridge Ct Midland, MI 48640-3137 5. If over \$100.00 cumulative, please provide: Occupation <u>Professor</u> Employer <u>Saginaw Valley State University</u> Business Address <u>7400 Bay Rd., University Center, MI 48710-0001</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	200.00 \$ _____	200.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8/31/2020</u> Name & Address: Sims, Norman L 11465 Riverside Dr. Stanwood, MI 49346-9095 5. If over \$100.00 cumulative, please provide: Occupation <u>Lawyer</u> Employer <u>Young Basille</u> Business Address <u>3001 W Big Beaver Rd Ste 624, Troy, MI 48084-3107</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	350.00 \$ _____	350.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/9/2020</u> Name & Address: Hein, Daniel 412 W Chapel Ln Midland, MI 48640-2911 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	20.00 \$ _____	20.00 \$ _____ Click Here for Memo Itemization

Page Subtotal **590.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 4555
2. Committee Name Committee to Elect Brandon L Sims

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? <input type="checkbox"/> YES 4. Date of Receipt <u>9/10/2020</u> Name & Address: Curell, Kathleen 1907 Laurel Ln Midland, MI 48642-3818 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	50.00 \$ _____	50.00 \$ _____ Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/20/2020</u> Name & Address: Hilliard, Jerome 2743 Eland Ct Mount Pleasant, MI 48858-8288 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	50.00 \$ _____	50.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/2/2020</u> Name & Address: Midland County Democratic Party PO Box 2205 Midland, MI 48641-2205 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	300.00 \$ _____	300.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/2/2020</u> Name & Address: Yost III, Fielding H. 3200 Applewood Rd Midland, MI 48640-2668 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	35.00 \$ _____	35.00 \$ _____ Click Here for Memo Itemization

Page Subtotal **435.00**

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

1978.31

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

4555

1. Committee I. D. Number _____
2. Committee Name Committee to Elect Brandon L Sims

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Midland County, Michigan Address 220 W Ellsworth St Midland, MI 48642 <input type="checkbox"/> Fund Raiser	Purpose: <u>Late Filing Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/30/20</u> Date	<u>\$ 75</u>
Expenditure #2 Name US Postal Service Address 2900 Rodd St Midland, MI 48640 <input type="checkbox"/> Fund Raiser	Purpose: <u>PO Box Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/24/20</u> Date	<u>\$ 35</u>
Expenditure #3 Name Quick Reliable Printing Address 3000 James Savage Rd Midland, MI 48642 <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>8/24/20</u> Date	<u>\$ 808.31</u>
Expenditure #4 Name Michigan Democratic Party Address 606 Townsend St Lansing, MI 48933 <input type="checkbox"/> Fund Raiser	Purpose: <u>Voter Access Network</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/29/20</u> Date	<u>\$ 75</u>
Expenditure #5 Name ActBlue Address PO Box 441146 Sommerville, MA 02144-0031 <input type="checkbox"/> Fund Raiser	Purpose: <u>Aug Service Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/1/20</u> Date	<u>\$ 0.53</u>

Subtotal this page **993.84**

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**

4455

1. Committee I. D. Number _____
2. Committee Name Committee to Elect Brandon L Sims

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Staples Address 4021 N Euclid Ave Bay City, MI 48706 <input type="checkbox"/> Fund Raiser	Purpose: <u>Office Supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/1/20</u> Date	\$ <u>19.60</u>
Expenditure #2 Name US Post Office Address 2900 Rodd St Midland, MI 48640 <input type="checkbox"/> Fund Raiser	Purpose: <u>80 Stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/10/20</u> Date	\$ <u>44.00</u>
Expenditure #3 Name Lawson Printers Address 685 W Columbus Ave Battle Creek, MI 49105 <input type="checkbox"/> Fund Raiser	Purpose: <u>1000 Flyers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/21/20</u> Date	\$ <u>159.00</u>
Expenditure #4 Name ActBlue Address PO Box 441146 Sommerville, MA 02144-0031 <input type="checkbox"/> Fund Raiser	Purpose: <u>Service Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/1/20</u> Date	\$ <u>0.75</u>
Expenditure #5 Name Lawson Printers Address 685 W Columbus Ave Battle Creek, MI 49105 <input type="checkbox"/> Fund Raiser	Purpose: <u>2000 Flyers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/4/20</u> Date	\$ <u>169</u>

Subtotal this page	392.35
Grand Total of all Schedules 1B (Complete on last page of Schedule)	1386.19

Enter this total on line 8a of Summary Page