



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: 8/24/2010 to 10/19/2010  
Mo Day Year to Mo Day Year

1. Committee I.D. Number 15022  
2. Committee Name  
FRIENDS TO ELECT KIM COONAN

4. Candidate Last Name COONAN First Name KIM M.I. J  
4a. Office Sought Including District # or Community Served (If applicable)  
6th DISTRICT COUNTY COMMISSIONER  
4b. County of Residence BAY

5. Committee's Mailing Address  
706 SIDNEY ST  
BAY CITY, MI 48706  
Area Code and Phone \_\_\_\_\_  
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  
KIM COONAN  
706 SIDNEY ST BAY CITY, MI 48706  
Area Code & Phone (989) 684-7675

7. Treasurer's Business Address  
SAME  
Area Code and Phone ( ) \_\_\_\_\_

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)  
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  School  
 Special  Caucus

Date of Election, Convention or Caucus

11 2 10  
Month Day Year

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

Month Day Year

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 KIM COONAN Signature [Signature] Date 10-19-10  
Type or Print Name Signature Mo Day Year  
Candidate KIM COONAN Signature [Signature] Date 10-19-10  
Type or Print Name Signature Mo Day Year



1. Committee I.D. Number 150222

2. Committee Name Friends to Elect Kim Coonan

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

	Column I This Period	Column II Cumulative this election cycle
<b>RECEIPTS</b>		
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>- 0 -</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>- 0 -</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>- 0 -</u>	(19.) \$ _____
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>- 0 -</u>	(20.) \$ _____
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>- 0 -</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>- 0 -</u>	(22.) \$ _____
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1,000.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>- 0 -</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>- 0 -</u>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>1,000.00</u>	(23.) \$ _____
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>- 0 -</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>- 0 -</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>- 0 -</u>	(24.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>- 0 -</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>- 0 -</u>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>1,902.45</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>0.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>1,902.45</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1,000.00</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>902.45</u> *	



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150222  
2. Committee Name \_\_\_\_\_

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Lim Coonan</u> Address <u>706 Sidney</u> <u>Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>HOAN RENT</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/19/10</u> Date	<u>\$ 1000.00</u>
Expenditure #2 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 _____	\$ _____
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 _____	\$ _____
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 _____	\$ _____
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 _____	\$ _____

Subtotal this page 1,000.00  
 Grand Total of all Schedules 1B  
 (Complete on last page of Schedule) 1,000.00  
 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 150222  
2. Committee Name FRIENDS TO ELECT KIM COONAN

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 (Indicate type and you may assign an expenditure code) 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: <u>KIM COONAN</u> <u>706 SIDNEY</u> <u>BAY CITY, MI 48706</u>	4. Type: <u>LOAN</u> <u>7-7-08</u> 5. Date Debt Was Incurred: <u>7-7-08</u> 6. Original Amount of Debt: <u>\$ 1,000.00</u>	<u>717.08</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	\$ _____ Amount Endorsed: \$ _____	<u>\$ 1,000.00</u> <input checked="" type="checkbox"/> FORGIVEN
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: _____ _____ _____	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: \$ _____	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	\$ _____ Amount Endorsed: \$ _____	<input type="checkbox"/> FORGIVEN
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: _____ _____ _____	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: \$ _____	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	\$ _____ Amount Endorsed: \$ _____	<input type="checkbox"/> FORGIVEN

Page Subtotal (Outstanding debt)

- 0 -  
- 0 -

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.