



**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: _____ to _____

1. Committee I.D. Number 150222
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) 4TH DISTRICT COUNTY COMMISSIONER
4b. County of Residence BAY

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

7. Treasurer's Business Address
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 _____

FILED OCT 25 2 25 PM '12
CLERK OF CIRCUIT COURT
BY [Signature]

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 11-6-12

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 KIM J COONAN, [Signature] Date 10-24-12
Candidate KIM J COONAN, [Signature] Date 10-24-12



1. Committee I.D. Number 150222
2. Committee Name FRIENDS TO ELECT KIM COONAN

**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>800.00 +</u>	LOAN 1850 = 2650.00
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ _____	
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>800.00</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1812.60</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>1812.60</u>	(23.) \$ _____
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.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>1850.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>196.77</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>2,650.00</u>	
	(15.) = \$ <u>2,846.77</u>	
15. SUBTOTAL Add lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1,812.60</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1,034.17</u> *	

(#14) TOTAL 2,650.00



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150222

2. Committee Name FRIENDS TO ELECT KIM CONAN

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:	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>10-11-12</u>	6. Amount \$ <u>200</u>	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ <u>200</u>
<u>PLUMBER + PIPE FITTERS LOCAL 85</u> <u>SAGINAW, MI</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:	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	6. Amount \$ <u>600.00</u>	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ <u>600.00</u>
<u>BAY COUNTY DEMOCRATIC PARTY</u> <u>2341 BEAVER RD</u> <u>KAWKAWLIN MI</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:	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	6. Amount \$ _____	7. Cumulative for Election Cycle for Each Contributor (Through 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](#)

3. Contribution # 4 Name & Address:	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	6. Amount \$ _____	7. Cumulative for Election Cycle for Each Contributor (Through 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 \$ 800.00

Grand Total of All Schedules 1A (Complete on last page of Schedule) \$ 800.00

Enter this total on line 3a of Summary Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150222
2. Committee Name FRIENDS TO ELECT KIM COONAN

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>U.S. POSTMASTER</u> Address <u>WASHINGTON AVE BAY CITY, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTAGE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-10-12</u> Date	<u>\$ 244.40</u>
Expenditure #2 Name <u>DORN BOS PRINTING</u> Address <u>E. GENESSE SAGINAW MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/10-12</u> Date	<u>\$ 1420.86</u>
Expenditure #3 Name <u>BAY CITY DEMOCRAT</u> Address <u>309 9TH ST. BAY CITY, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-20-12</u> Date	<u>\$ 147.34</u>
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 1812.60
 Grand Total of all Schedules 1B
 (Complete on last page of Schedule) 1812.60
 Enter this total on line 8a of Summary Page