



Recd
10-22-14
2:25pm

**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: 7-21 to 10-19-14

<p>1. Committee I.D. Number <u>150222</u></p> <p>2. Committee Name <u>FRIENDS to ELECT</u> <u>KIM COONAN</u></p>	<p>4. Candidate Last Name <u>COONAN</u> First Name <u>KIM</u> M.I. <u>J</u></p> <p>4a. Office Sought Including District # or Community Served (If applicable) <u>4TH DISTRICT COUNTY COMMISSION</u></p> <p>4b. County of Residence <u>BAY</u></p>
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<p>5. Committee's Mailing Address <u>706 SIDNEY ST</u> <u>BAY CITY, MI 48706</u></p> <p>Area Code and Phone <u>684 7675</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 <u>KIM COONAN</u> <u>706 SIDNEY ST</u> <u>BAY CITY, MI 48706</u></p> <p>Area Code & Phone _____</p>
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<p>7. Treasurer's Business Address</p> <p>Area Code and Phone _____</p>	<p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)</p> <p>Area Code and Phone _____</p>
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<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 type="checkbox"/> Primary</p> <p><input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Convention</p> <p><input type="checkbox"/> Special</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus <u>11-4-14</u></p>	<p>Required ONLY if candidate is not on the ballot for the current year:</p> <p><input type="checkbox"/> July Quarterly</p> <p><input type="checkbox"/> October Quarterly</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. Dissolution of Candidate Committee</p> <p><input type="checkbox"/> 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.</p> <p>Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p>Effective date of dissolution _____</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>
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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>Current Treasurer or Designated Record keeper <u>KIM J. COONAN</u></p> <p>Type or Print Name</p>	<p><u>[Signature]</u></p> <p>Signature</p>	<p>Date <u>10-21-14</u></p>
<p>Candidate <u>KIM J. COONAN</u></p> <p>Type or Print Name</p>	<p><u>[Signature]</u></p> <p>Signature</p>	<p>Date <u>10-21-14</u></p>

X



1. Committee I.D. Number 150222

2. Committee Name FRIENDS to ELECT Kim Coonin

**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>2,800.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ _____	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>2,800.00</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>2947.11</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>2947.11</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.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>710.91</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>2,800.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>3510.91</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>2947.11</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>563.80</u>	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

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: <u>LABORER'S 1098</u> <u>345 E. MORLEY DR</u> <u>SAGINAW MI 48601</u>	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>10-1-14</u>	\$ <u>500.00</u> \$ <u>—</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 Name & Address: <u>KIM COONAN</u> <u>706 SIDNEY ST</u> <u>BAY CITY, MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10-1-14</u>	\$ <u>300</u> \$ <u>800</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: <u>KIM COONAN</u> <u>706 SIDNEY ST</u> <u>BAY CITY, MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10-6-14</u>	\$ <u>2000.00</u> \$ <u>2800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address:	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	\$ _____ \$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

2,800.00

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

2,800.00

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>DORN BOS PRINTING</u> Address <u>1131 E GENESSE</u> <u>SAGINAW, MI</u> <u>48607</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>BROCHURE'S</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-1-14</u> Date	<u>\$ 1264.80</u>
Expenditure #2 Name <u>USPS</u> Address <u>SAGINAW, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILINGS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-1-14</u> Date	<u>\$ 207.00</u>
Expenditure #3 Name <u>U.S.P.S</u> Address <u>SAGINAW, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILINGS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-3-14</u> Date	<u>\$ 4475.31</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 2947.11

Grand Total of all Schedules 1B
(Complete on last page of Schedule) 2947.11

Enter this total
on line 8a of
Summary Page