



ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

1. Committee ID #: 150258

2. Type of Filing:
 Original
 Amendment to Items: _____ Eff. Date: _____

3. Full Name of Committee (must include Candidate's first and last name): Friends of Christopher Girard

4a. Candidate Full Name (Last, First, M.I.):
Girard, Christopher, R.

4b. Political Party (if applicable):

4c. County of Residence: Bay County

4d. Office Sought (Check one):

<input type="checkbox"/> Governor	<input type="checkbox"/> Lt. Governor	<input type="checkbox"/> State Senator
<input type="checkbox"/> State Rep.	<input type="checkbox"/> Sec. of State	<input type="checkbox"/> Attorney Gen.
<input type="checkbox"/> State Bd. of Ed.	<input type="checkbox"/> UofM Reg.	<input type="checkbox"/> MSU Trustee
<input type="checkbox"/> WSU Gov.	<input type="checkbox"/> Supreme Court	<input type="checkbox"/> Appeals Court
<input type="checkbox"/> Circuit Court	<input type="checkbox"/> District Court	<input type="checkbox"/> Probate Court
<input type="checkbox"/> Municipal Court		

Local or other please specify: Bay City Commissioner

4e. District/Circuit # or Jurisdiction: 6th Ward

5. Date Committee was Formed: 05/20/11

6a. Committee Phone #: (989) 895-8883

6b. Committee Fax #: _____

6c. Committee E-mail Address: _____

6d. Committee Website Address: _____

7a. Complete Comm. Mailing Address (May be PO Box):
100 Braddock St.
Bay City, MI 48708

7b. Complete Comm. Street Address (May not be PO Box):
100 Braddock St.
Bay City, MI 48708

8. Treasurer Name and Complete Address:
Christopher Girard
100 Braddock St.
Bay City, MI 48708

Phone #: (989) 895-8883

E-mail Address: cgirard1@msn.com

9. Designated Record Keeper Name and Complete Address:
Christopher Girard
100 Braddock St.
Bay City, MI 48708

Phone #: (989) 895-8883

E-mail Address: cgirard1@msn.com

10. REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in an election and checks this box, the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold.

11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association)

a. Official Depository
Wildfire Credit Union
2936 Wilder Rd.
Bay City, MI 48706

b. Secondary Depository

12. This item applies only to Gubernatorial Candidate Committees: Check if this committee intends to seek qualifying contributions or make qualifying expenditures.

13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not apply to Candidate Committees that file with the County Clerk's office.

The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the preceding calendar year OR expects to spend or receive \$20,000 in the current calendar year to file campaign statements electronically. MERTS Plus software is provided to you free of charge to assist you in meeting this requirement.

Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.

** OR **

Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily.

14. 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 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)

Christopher R. Girard 5-31-11
Candidate

Christopher R. Girard 5-31-11
Current Treasurer

Designated Record Keeper (Required only if filing electronically)

FILED COUNTY CLERK
 18TH JUDICIAL
 CIRCUIT COURT
 MAY 31 3 46 PM '11



STATEMENT OF ORGANIZATION
FOR CANDIDATE COMMITTEES

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES
SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

FILED-99. CLERK

MAR 18 10 54 AM '02

BAY COUNTY CLERK

1. Committee Identification No. <u>150258</u>	
2. Type of Filing a. <input checked="" type="checkbox"/> Original OR b. <input type="checkbox"/> Amendment to Item(s)# c. Date Change(s) Took Place <u>4/1</u>	
3. Full Name Of Committee <u>Committee to elect Christopher Girard 8th Ward Commissioner</u>	
4. Candidate Last Name <u>Girard</u> First Name <u>Christopher</u> M.I. <u>R</u>	
4a. County of Residence <u>Bay</u> 4b. Political Party (If applicable) <u>Democratic</u>	
4c. Driver License # (Optional) <u>6663 115 745 843</u>	
4d. Office Sought: (Check one)	
<input type="checkbox"/> Governor <input type="checkbox"/> Lt. Governor <input type="checkbox"/> State Senator <input type="checkbox"/> State Representative <input type="checkbox"/> Secretary of State <input type="checkbox"/> State Board of Education <input type="checkbox"/> Bd of Regents UM <input type="checkbox"/> Bd of Trustees MSU <input type="checkbox"/> Bd of Gov WSU <input type="checkbox"/> Attorney General <input type="checkbox"/> Court of Appeals <input type="checkbox"/> District Court <input type="checkbox"/> Probate Court <input type="checkbox"/> Detroit Recorders Court <input type="checkbox"/> Supreme Court Justice <input type="checkbox"/> Circuit Court	
4e. District # or Jurisdiction <u>8th</u> <input checked="" type="checkbox"/> Local or Other (Please Specify <u>County Commissioner</u>)	
5. Date Committee Was Formed <u>3-18-02</u> (Mo/Day/Yr)	6. Committee Area Code and Phone Number <u>(989) 895-8883</u>
7. Committee Mailing Address (May be P. O. Box) Include Zip Code <u>819 Michigan Ave Bay City, MI 48708</u>	7a. Committee Street Address (May not be P. O. Box) <u>Same</u>
8. Treasurer. Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle initial. Please Include Zip Code.) <u>Girard Christopher R 819 Michigan Ave Bay City, MI 48708</u> Area Code and Phone <u>989 895-8883</u> Driver License # (Optional) <u>6663 115 745 843</u>	9. Designated Recordkeeper. Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank. Area Code and Phone _____ Driver License # (Optional) _____
10. <input checked="" type="checkbox"/> REPORTING WAIVER The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: 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.	
11. Names and Addresses of depositories or intended depositories of committee funds. (Bank, Credit Union or Savings & Loan Association)	12. This item applies only to a gubernatorial Candidate Committee. <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.
11a. Official Depository: <u>Chemical Bank</u>	
11b. Secondary Depository: <u>southern branch Bay City, MI 48708</u>	
13. 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.	
Current Treasurer <u>Christopher R Girard</u> , <u>Christopher R Girard</u> Date <u>3-18-02</u> Type or Print Name Signature Mo. Day Year	
Candidate <u>Christopher R Girard</u> , <u>Christopher R Girard</u> Date <u>3-18-02</u> Type or Print Name Signature Mo. Day Year	