



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.

1. Committee I.D. Number 150672

2. Committee Name
YOUR CHOICE FOR SUPERVISOR FRANCIS P. CHRISTENSEN

5. Committee's Mailing Address
3418 EAST FISHER RD.
BAY CITY MI 48706
Area Code and Phone (989) 671-0760

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.

7. Treasurer's Business Address
SAME

Area Code and Phone _____

3. This Statement covers From: 1/12 to 1/12

4. Candidate Last Name CHRISTENSEN First Name FRANCIS M.I. _____

4a. Office Sought Including District # or Community Served (If applicable)
MONITOR TWP. SUPERVISOR

4b. County of Residence BAY

6. Treasurer's Name & Residential Address
SAME

Area Code & Phone _____

8. Designated Record keeper's Name and Mailing Address (If the committee has Designated Record keeper)
N/A

Area Code and Phone _____

FILED
10TH JUDICIAL
CIRCUIT CLERK
BY
OCT 26 4 36 PM '12

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 FRANCIS P. CHRISTENSEN Francis P. Christensen Date 10/26/12

Candidate FRANCIS P. CHRISTENSEN Francis P. Christensen Date 10/26/12



1. Committee I.D. Number 150672

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name YOUR CHOICE FOR SUPERVISOR
FRAACIS P. CHRISTENSEN

| RECEIPTS | Column I This Period | Column II Cumulative this election cycle |
|---|--------------------------------|---|
| 3. Contributions | | |
| a. Itemized (Schedule 1A - Column 6) | (3a.) \$ <u>3200.00</u> | (18.) \$ _____ |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$ <u>NOT APPLICABLE</u> | (19.) \$ _____ |
| c. Subtotal of "Contributions" | (3c.) \$ <u>3200.00</u> | (20.) \$ _____ |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) \$ _____ | (21.) \$ _____ |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) \$ _____ | (22.) \$ _____ |
| IN-KIND CONTRIBUTIONS & EXPENDITURES | | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) \$ _____ | (23.) \$ _____ |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) | (7.) \$ _____ | (24.) \$ _____ |
| EXPENDITURES | | |
| 8. Expenditures | | |
| a. Itemized (Schedule 1B, Column 6) | (8a.) \$ <u>3137.68</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>3137.68</u> | |
| 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.) \$ _____ | |
| DEBTS AND OBLIGATIONS | | |
| 12. Debts and Obligations | | |
| a. Owed by the Committee (Schedule 1E) | (12a.) \$ <u>3200.00</u> | |
| 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>- 0 -</u> | |
| 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) | (14.) + \$ <u>3200.00</u> | |
| 15. SUBTOTAL Add lines 13 and 14 | (15.) = \$ <u>3200.00</u> | |
| 16. Amount expended during reporting period (Add lines 9 and 11) | (16.) - \$ <u>3137.68</u> | |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ <u>62.32</u> | |



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 150672
2. Committee Name Your CHOICE For SUPERVISOR
FRANCIS P. CHRISTENSEN

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 all contributions regardless of amount.

6. Amount \$ 3200⁰⁰
7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 10/10/12
 Name & Address:
FRANCIS P. CHRISTENSEN
3418 E. FISHER RD.
BAY CITY, MI 48706

5. If over \$100.00 cumulative, please provide: Occupation ENTREPRENEUR Employer SELF EMPLOYED
 Business Address 3418 E. FISHER RD. BAY CITY MI 48706
 Type of Contribution: Direct Loan from a person Fund Raiser

\$ 3200.00

Click Here for Memo Itemization

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt _____
 Name & Address _____

5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____
 Business Address _____
 Type of Contribution: Direct Loan from a person Fund Raiser

\$ _____ \$ _____

Click Here for Memo Itemization

3. Contribution #3 PAC Receipt? YES 4. Date of Receipt _____
 Name & Address _____

5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____
 Business Address _____
 Type of Contribution: Direct Loan from a person Fund Raiser

\$ _____ \$ _____

Click Here for Memo Itemization

3. Contribution #4 PAC Receipt? YES 4. Date of Receipt _____
 Name & Address _____

5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____
 Business Address _____
 Type of Contribution: Direct Loan from a person Fund Raiser

\$ _____ \$ _____

Click Here for Memo Itemization

Page Subtotal \$ 3200⁰⁰
Grand Total of All Schedules 1A (Complete on last page of Schedule) \$ 3200⁰⁰
Enter this total on line 3a of Summary Page.

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 150672
FRANCIS P. CHRISTENSEN
2. Committee Name YOUR CHOICE FOR SUPERVISOR

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|--|--|-------------------------|-------------------|
| Expenditure #1 Name <u>MID MICHIGAN SCREEN PRINTING</u> Address <u>P.O. BOX 333</u> <u>11917 CONQUEST ST.</u> <u>BIRCH RUN, MI 48415</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>SIGNS, BUMPER STICKERS,</u> <u>AND T. SHIRTS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/12/12</u> Date | <u>\$ 3083.00</u> |
| Expenditure #2 Name <u>STAPLES</u> Address <u>4021 No EUCLID AVE.</u> <u>BAY CITY MI 48706</u> <u>989 667-0422</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>LAMINATING AND SCOTCH TAPE</u> <u>(SHIPPING TAPE)</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/19/12</u> Date | <u>\$ 54.68</u> |
| 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 3137.68
 Grand Total of all Schedules 1B
 (Complete on last page of Schedule) 3137.68

Enter this total
on line 8a of
Summary Page



**DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150672
2. Committee Name Your CHOICE FOR SUPERVISOR
FRANCIS P. CHRISTENSEN

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 endorsers or guarantors, if any. | 4. Type of Obligation (Description) 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: X FRANCIS P. CHRISTENSEN 3418 E. FISHER RD. BAY CITY MI 48706 | 4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>10/10/12</u> 6. Original Amount of Debt: <u>\$ 3200.00</u> | \$ _____ \$ _____ \$ _____ \$ _____ | \$ _____ | \$ _____ <input type="checkbox"/> FORGIVEN |

If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

| | | | | |
|--|---|--|----------|---|
| Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: | 4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____ | \$ _____ \$ _____ \$ _____ \$ _____ | \$ _____ | \$ _____ <input type="checkbox"/> FORGIVEN |
|--|---|--|----------|---|

If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

| | | | | |
|--|---|--|----------|---|
| Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: | 4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____ | \$ _____ \$ _____ \$ _____ \$ _____ | \$ _____ | \$ _____ <input type="checkbox"/> FORGIVEN |
|--|---|--|----------|---|

If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt) 3200.00

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.