



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: 11/24/2020 to OCT. 23, 2022

1. Committee I.D. Number
96715

2. Committee Name
RE-ELECT PAM HANSEN

4. Candidate Last Name: **HANSEN** First Name: **PAMELA** M.I.: **J**

4a. Office Sought including District # or Community Served (If applicable)
Board Member - Local

4b. County of Residence **OAKLAND**

5. Committee's Mailing Address
**25600 RIVER DR.
FRANKLIN, MI 48025**

Area Code and Phone: 248-933-7241
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
**CONSTANCE M. ETTINGER
25600 RIVER DR.
FRANKLIN, MI 48025**

Area Code & Phone: 248-933-7241

7. Treasurer's Business Address
N/A

Area Code and Phone: _____

8. Designated Record Keeper's Name and 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
 Special
 School
 Caucus

Date of Election, Convention or Caucus
NOV. 8, 2022

Required ONLY if candidate is not on the ballot for the current year:

July Quarterly
 October Quarterly

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

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.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution _____

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: (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: **CONSTANCE ETTINGER**
Type or Print Name: _____ Signature: Constance Ettinger Date: 10/24/2022

Candidate: **PAMELA J. HANSEN**
Type or Print Name: _____ Signature: Pamela Hansen Date: 10/24/2022

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BY: DEPUTY COUNTY CLERK



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

RECEIVED FOR FILING
OAKLAND COUNTY CLERK

2023 MAR 23 PM 12:23

Clear Form

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1. Committee I.D. Number 96715

SUMMARY PAGE
CANDIDATE COMMITTEE

2. Committee Name Re-Elect Pam Hansen

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
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>500.00</u>	(18.) \$ <u>500.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>51.01</u>	(19.) \$ <u>551.01</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>551.01</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-1K, Column 7)	(6.) \$ <u>1067.70</u>	(21.) \$ <u>1110.14</u>
7. In-Kind Expenditures (Schedule 1B-1K, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>326.61</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>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>326.61</u>	(23.) \$ <u>326.61</u>
INCIDENTAL EXPENSE DISBURSEMENTS (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>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0</u>	(24.) \$ <u>0</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0</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>51.01</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>500.00</u>	
15. SUBTOTAL: Add lines 13 and 14	(15.) = \$ <u>551.01</u>	
16. Amount expended during reporting period: (Add lines 9 and 11)	(16.) - \$ <u>326.61</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>224.40</u>	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 96715

2. Committee Name RE-ELECT PAM HANSEN

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	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>June 29, 2022</u> Name & Address: <u>Pamela Hansen</u> <u>32820 Wing Lake Road</u> <u>Franklin, MI 48025</u>		500.00 \$ _____	500.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Consultant</u> Employer <u>Hansen Jones Assoc. LLC</u> Business Address <u>32820 Wing Lake Road, Franklin, MI 48025</u> 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 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____		\$ _____	\$ _____
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 # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____		\$ _____	\$ _____
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 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____		\$ _____	\$ _____
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 **500.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule) **500.00**

Enter this total on
line 3a of Summary
Page.



ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1

CANDIDATE COMMITTEE

1. Committee I.D. Number 96715

2. Committee Name RE-RELECT PAM HENSEN

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: Comerica Franklin Road Franklin, MI 48025	Date of Receipt <u>2/1/2021</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input checked="" type="checkbox"/> Other (Specify) <u>forward balance from Hensen for Village President account</u>	\$ <u>51.01</u>
Receipt #2 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #7 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____	\$ _____

Page Subtotal **51.01**

Grand Total of All Schedules 1A-1
(Complete on last page of Schedule) **51.01**

Enter this total on
line 4 of Summary
Page



**ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK**

1. Committee I. D. Number 96715

CANDIDATE COMMITTEE

2. Committee Name Te-Elect Pm Hansen

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box)	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: CONSTANCE ETTINGER 25600 RIVER DR. FRANKLIN, MI 48025 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: Self-employed	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Stamps</u> 5. Date Of Receipt: <u>8/25/20</u> 6. Vendor Name & Address: USPS.COM	\$ <u>547.70</u>	\$ <u>547.70</u>
<input type="checkbox"/> Fund Raiser Contribution			
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: CONSTANCE ETTINGER 25600 RIVER DR. FRANKLIN, MI 48025 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Mailing labels</u> 5. Date Of Receipt: _____ 6. Vendor Name & Address: Southfield Two. Clerk 18550 13 Mile Road Southfield Top., MI 48025	\$ <u>23.00</u>	\$ <u>570.70</u>
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: PAM HANSEN If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Candy for Labor Day Parade</u> 5. Date Of Receipt: <u>9/4/2022</u> 6. Vendor Name & Address: Kroger 3600 W. Maple Bloomfield Hls, MI	\$ <u>42.54</u>	\$ <u>613.24</u>
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal **613.24** **613.24**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

Enter this total
on line 6 of Summary
Page



**ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK**

1. Committee I. D. Number 96715

2. Committee Name Te-Elect Pm Hansen

CANDIDATE COMMITTEE

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box)	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
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Contribution # 1	PAC Receipt? <input type="checkbox"/> Yes	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan		
Name & Address:		<input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated	\$ 152.99	\$ 195.53
PAM HANSEN		<input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others		
32820 WING LAKE RD.		<input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN		
FRANKLIN, MI 48025		Description <u>Stakes for yard signs</u>		
If over \$100.00 cumulative, please provide: Occupation:		5. Date Of Receipt: <u>7/21/22</u>		
Employer Name & Business Address:		6. Vendor Name & Address: <u>supercheapsigns.com</u>	Click Here for Memo Itemization	
<input type="checkbox"/> Fund Raiser Contribution				

Contribution # 2	PAC Receipt? <input type="checkbox"/> Yes	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan		
Name & Address:		<input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated	\$ 283.37	\$ 478.90
PAM HANSEN		<input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others.		
32820 WING LAKE RD.		<input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN		
FRANKLIN, MI 48025		Description <u>Yard signs</u>		
If over \$100.00 cumulative, please provide: Occupation:		5. Date Of Receipt: <u>7/12/22</u>		
Employer Name & Address:		6. Vendor Name & Address: <u>supercheapsigns.com</u>	Click Here for Memo Itemization	
<input type="checkbox"/> Fund Raiser Contribution				

Contribution #3	PAC Receipt? <input type="checkbox"/> Yes	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan		
Name & Address:		<input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated	\$ 18.00	\$ 496.90
PAM HANSEN		<input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others		
32820 WING LAKE RD.		<input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN		
FRANKLIN, MI 48025		Description <u>Voter mailing labels</u>		
If over \$100.00 cumulative, please provide: Occupation:		5. Date Of Receipt: <u>9/8/22</u>		
Employer Name & Address:		6. Vendor Name & Address: <u>Southfield Twp. Clerk</u>	Click Here for Memo Itemization	
Self-employed		<u>18550 13 Mile Rd.</u>		
		<u>Southfield Two., MI 48025</u>		
<input type="checkbox"/> Fund Raiser Contribution				

Page Subtotal	496.90	1110.14
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Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **1110.14**

Enter this total
on line 6 of Summary
Page