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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

JUL 27 2021

CANDIDATE COMMITTEE
COVER PAGE

INGHAM COUNTY CLERK'S OFFICE

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: 1/1/2021 to 7/20/2021

1. Committee I.D. Number
54899

2. Committee Name
People for Kathie Dunbar

4. Candidate Last Name Dunbar First Name Kathie M.I. _____

4a. Office Sought Including District # or Community Served (# applicable)
Mayor, City of Lansing

4b. County of Residence **INGHAM**

5. Committee's Mailing Address
1414 E. Miller Rd. Lansing, MI 48911

Area Code and Phone _____
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
Kathie Dunbar 1334 Boston Blvd. Lansing, MI 48910

Area Code & Phone _____

7. Treasurer's Business Address
Same as residence.

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
August 3, 2021

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.)

Be. 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 later 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: 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 Kathie Dunbar, Kathie Dunbar Signature Date 7/23/2021

Candidate Kathie Dunbar, Kathie Dunbar Signature Date 7/23/2021





1. Committee I.D. Number 45899

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name People for Kathie Dunbar

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>28,810.01</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>28,810.01</u>	(18.) \$ <u>33,536.17</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>28,810.01</u>	(20.) \$ <u>33,536.17</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>600.00</u>	(21.) \$ <u>600.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>16,308.88</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>16,308.88</u>	(23.) \$ <u>21,035.04</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.) \$ <u>0</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>18,170.88</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>75.86</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>28,810.01</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>28,885.87</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>16,308.88</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>12,576.99</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 45899
2. Committee Name People for Kathie Dunbar

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 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/20/2021</u> Name & Address: Daniel Wimmer 3808 W. Holmes Rd. Lansing, MI 48911 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	50.00 \$ _____	50.00 \$ _____ Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/21/2021</u> Name & Address: Ashley Austin 87 Buell St. #1 Burlington VT 05401 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	25.00 \$ _____	25.00 \$ _____ Click Here for Memo Itemization
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/21/2021</u> Name & Address: Richard Baker 4329 Heartwood Rd. Okemos, MI 48864 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00 \$ _____	100.00 \$ _____ Click Here for Memo Itemization
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/22/2021</u> Name & Address: Andrew Kennedy 705 Hunter Blvd. Lansing, MI 48910 5. If over \$100.00 cumulative, please provide: Occupation <u>Technician</u> Employer <u>Michigan State University</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00 \$ _____	100.00 \$ _____ Click Here for Memo Itemization

Page Subtotal **275.00**
Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 45899
2. Committee Name People for Kathie Dunbar

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	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/23/2021</u>	
Name & Address: Tina Olsen 1416 Hess Ave. Lansing, MI 48910		25.00 \$ _____	25.00 \$ _____
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	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/23/2021</u>	
Name & Address: Julie Wright 12816 Towering Oaks Dr. Shelby Township, MI 48315		100.00 \$ _____	100.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Not Employed</u> Employer <u>Not Employed</u> 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	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/23/2021</u>	
Name & Address: Greg Ward 2810 N Cambridge Rd. Lansing, MI 48911		250.00 \$ _____	250.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Human Resources</u> Employer <u>Consumers Energy</u> Business Address <u>Jackson, MI</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 # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/24/2021</u>	
Name & Address: Sheryl Landgraf 110 N. Market Dewitt, MI 48820		50.00 \$ _____	50.00 \$ _____
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	

Page Subtotal **425.00**
Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 45899
2. Committee Name People for Kathie Dunbar

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	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/24/2021</u>	
Name & Address: Jeffrey Barker 627 Moores River Dr. Lansing, MI 48910		100.00 \$ _____	100.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Barkford Legal PLC</u> Business Address <u>1146 S Washington Sq. Lansing, MI</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 <u>5/27/2021</u>	
Name & Address: Joslin Monahan 1016 Santa Cruz Dr. SE Grand Rapids, MI 49506		100.00 \$ _____	100.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>KEHB</u> Business Address <u>333 Bridge St NW #900 Grand Rapids</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 #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>6/7/2021</u>	
Name & Address: Michael Ruddock 6 Lincoln St. #508 Denver, CO 80203		50.00 \$ _____	50.00 \$ _____
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 #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>6/22/2021</u>	
Name & Address: Kristi Bartholomew 616 E. Holmes Rd. Lansing, MI 48910		50.00 \$ _____	50.00 \$ _____
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	

Page Subtotal **300.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 45899
2. Committee Name People for Kathie Dunbar

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	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/12/2021</u>	
Name & Address: Jerren Osmar 744 Calls St. Lansing, MI 48933		100.00 \$ _____	100.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Self-Employed</u> Employer <u>Self-Employed</u>		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	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/13/2021</u>	
Name & Address: Kristi Bartholomew 616 E. Holmes Rd. Lansing, MI 48910		50.00 \$ _____	100.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Not Employed</u> Employer <u>Not Employed</u>		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	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/17/2021</u>	
Name & Address: Max Donovan 3031 S. Washinton Ave. Apt. M-11 Lansing, MI 48910		30.00 \$ _____	30.00 \$ _____
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	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/19/2021</u>	
Name & Address: Amber Shinn 302 E Cesar E Chavez Apt D Lansing, MI 48906		25.00 \$ _____	25.00 \$ _____
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 checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **205.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 45899
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/19/2021</u> Name & Address: Joslin Monahan 1016 Santa Cruz SE Grand Rapids, MI 49506 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Miller Johnson, PLC</u> Business Address <u>45 Ottawa St. SW Grand Rapids</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00 \$ _____	200.00 \$ _____ Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/19/2021</u> Name & Address: Maria Peak 5701 S. Stine Rd. Olivet, MI 49076 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 checked="" type="checkbox"/> Fund Raiser	50.00 \$ _____	50.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/19/2021</u> Name & Address: Jerren Osmar 744 Call St. Lansing, MI 48933 5. If over \$100.00 cumulative, please provide: Occupation <u>Self-Employed</u> Employer <u>Self-Employed</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00 \$ _____	200.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/19/2021</u> Name & Address: Annie Signs 1151 Teakwood Circle Haslett, MI 48840 5. If over \$100.00 cumulative, please provide: Occupation <u>Self-Employed</u> Employer <u>Self-Employed</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	200.00 \$ _____	200.00 \$ _____ Click Here for Memo Itemization

Page Subtotal **450.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 45899
2. Committee Name People for Kathie Dunbar

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	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/19/2021</u>	
Name & Address: Dorothy Engelman 4477 Cricket Ridge Dr. Apt 203 Holt, MI 48842		25.00 \$ _____	25.00 \$ _____
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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/19/2021</u>	
Name & Address: Micah Siegal 6234 Pine Hollow Drive East Lansing, MI 48823		250.00 \$ _____	250.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Micah M Siegal & Co LPA</u> Business Address : <u>PO Box 274 East Lansing, MI 48826</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/20/2021</u>	
Name & Address: John Addis 2918 Crestwood Dr. Lansing, MI 48910		500.00 \$ _____	500.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>Addis Enterprises</u> Business Address <u>908 E Mt Hope Hwy Lansing, MI 48910</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 # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/21/2021</u>	
Name & Address: Katrina Robinson 801 Britten Ave. Lansing, MI 48910		50.00 \$ _____	50.00 \$ _____
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	

Page Subtotal **825.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 45899
2. Committee Name People for Kathie Dunbar

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.

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 5/27/2021

Name & Address:
Timothy Teed
1615 Blair St.
Lansing, MI 48910

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

500.00 500.00
\$ _____ \$ _____

5. If over \$100.00 cumulative, please provide:
Occupation Social Worker Employer CMHA-CEI [Click Here for Memo Itemization](#)
Business Address 812 East Jolly Rd. Lansing, MI

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6/7/2021

Name & Address:
Mark Ledebuhr
2519 Wilson Ave.
Lansing, MI 48910

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

100.00 100.00
\$ _____ \$ _____

5. If over \$100.00 cumulative, please provide:
Occupation Consultant Employer Application Insight, LLC [Click Here for Memo Itemization](#)
Business Address 2519 Wilson Ave Lansing 48910

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 6/14/2021

Name & Address:
Joan Nelson
217 Rosamond St.
Lansing, MI 48911

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

100.00 100.00
\$ _____ \$ _____

5. If over \$100.00 cumulative, please provide:
Occupation Director Employer Allen Neighborhood Center [Click Here for Memo Itemization](#)
Business Address 1611 E Kalamazoo St. Lansing, MI 48912

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7/2/2021

Name & Address:
Jenni Mitchell
648 Ridgewood 3
Lansing, MI 48911

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

10.00 10.00
\$ _____ \$ _____

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____ [Click Here for Memo Itemization](#)
Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal **710.00**
Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 45899
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3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/9/2021</u>	
Name & Address: Rebecca McClellan 8356 Otero Place Denver, CO 80203		100.00 \$ _____	100.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Board Member</u> Employer <u>Colorado State Board of</u> <small>201 East Colfax Ave. Denver, CO 80203</small>		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	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/19/2021</u>	
Name & Address: Chris Traviglia 528 Brenner Pass Lansing, MI 48911		50.00 \$ _____	50.00 \$ _____
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 checked="" type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/19/2021</u>	
Name & Address: Kevin Schoen 6102 Columbia St. Lansing, MI 48911		2000.00 \$ _____	2000.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>ACD.net</u> Business Address <u>1800 Grand River Ave. Suite 1 Lansing 48906</u>		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/19/2021</u>	
Name & Address: Julie Lehman 135 Leslie St. Lansing, Mi 48911		50.00 \$ _____	50.00 \$ _____
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 checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **2200.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 45899
2. Committee Name People for Kathie Dunbar

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	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/19/2021</u>	
Name & Address: Mark Ledebuhr 2519 Wilson Ave. Lansing, MI 48906		200.00 \$ _____	300.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Consultant</u> Employer <u>Application Insight, LLC</u> Business Address <u>2519 Wilson Ave.</u>		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/19/2021</u>	
Name & Address: Egypt Krohn 523 S. Magnolia Ave. Lansing, MI 48912		500.00 \$ _____	500.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Program Director</u> Employer <u>Allen Neighborhood Center</u> Business Address <u>1611 E Kalamazoo St. Lansing 48912</u>		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/19/2021</u>	
Name & Address: Holly Fox 375 Tanbark Dr. Dimondale, MI 48821		75.00 \$ _____	75.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>R.N.</u> Employer <u>CMHA-CEI</u> Business Address <u>812 E Jolly Rd. Lansing, MI 48910</u>		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/24/2021</u>	
Name & Address: Mary Brown 2912 Victor Ave. Lansing, MI 48911		50.00 \$ _____	50.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **825.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 45899
2. Committee Name People for Kathie Dunbar

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: Isaac Francisco 4062 Seaway Dr. Lansing, MI 48910	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/22/2021</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		50.00 \$ _____	50.00 \$ _____
		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: Stacy Lewis 2130 Moorwood Dr. Holt, MI 48842	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/19/2021</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>State Farm Agency</u> Business Address <u>4020 S Cedar St. Lansing, MI 48910</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		100.00 \$ _____	100.00 \$ _____
		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Spencer Austin 11482 S US Hwy 27 Dewitt, MI 48820	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/9/2021</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		150.00 \$ _____	150.00 \$ _____
		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Dominic Perrone 1414 E Miller Rd. Lansing, MI 48911	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/19/2021</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Regulation Agent</u> Employer <u>MDARD, State of Michigan</u> Business Address <u>Constitution Hall, 6th Floor 325 W Allegan Street Lansing, MI 48909 P.O. Box 35017</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		2100.00 \$ _____	2100.00 \$ _____
		Click Here for Memo Itemization	

Page Subtotal **2400.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 45899
2. Committee Name People for Kathie Dunbar

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	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/19/2021</u>	
Name & Address: Barbara M Tate 3820 Starlight Ln. Lansing, MI 48911		200.00 \$ _____	200.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u>		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/19/2021</u>	
Name & Address: Patricia M Pisano 10250 Burgundy Blvd. Dimondale, MI 48821		50.00 \$ _____	50.00 \$ _____
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 checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/19/2021</u>	
Name & Address: Bonnie Sumbler 912 Britten Ave. Lansing, MI 48910		50.00 \$ _____	50.00 \$ _____
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 checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/19/2021</u>	
Name & Address: James Rawson 6114 W. Stoll Rd. Lansing, MI 48906		20.00 \$ _____	20.00 \$ _____
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 checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **320.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 45899
2. Committee Name People for Kathie Dunbar

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	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/19/2021</u>	
Name & Address: Robert Novak 1115 Walsh St. Lansing, MI 48912		20.00 \$ _____	20.00 \$ _____
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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/19/2021</u>	
Name & Address: Melissa Parsons 513 W Barnes Ave. Lansing, MI 48910		20.00 \$ _____	20.00 \$ _____
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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/19/2021</u>	
Name & Address: Joe Salazar 631 W Barnes Ave. Lansing, MI 48910		20.00 \$ _____	20.00 \$ _____
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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/19/2021</u>	
Name & Address: Dot Johnson 3224 Alden Dr. Lansing, MI 48910		20.00 \$ _____	20.00 \$ _____
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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **80.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 45899
2. Committee Name People for Kathie Dunbar

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	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/4/2021</u>	
Name & Address: Lisa Pridnia 8777 Larned Rd., Port Austin, MI 48467		100.00 \$ _____	100.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u>		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	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/4/2021</u>	
Name & Address: Renee Kinaia 6740 Commerce Rd. West Bloomfield, MI 48324		2100.00 \$ _____	2100.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Nurse</u> Employer <u>St Joseph Hospital</u>		Click Here for Memo Itemization	
Business Address <u>Pontiac, MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/4/2021</u>	
Name & Address: Eric Kinaia 6740 Commerce Rd. West Bloomfield, MI 48324		2100.00 \$ _____	2100.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Papa's Pizza & BBQ</u>		Click Here for Memo Itemization	
Business Address <small>2697 W Grand Blvd Detroit, MI, 48208-1233</small> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/15/2021</u>	
Name & Address: Kathie Dunbar 1334 Boston Blvd. Lansing, MI 48910		\$ 15,000	\$ 15,000
5. If over \$100.00 cumulative, please provide: Occupation <u>Director</u> Employer <u>South Lansing Community Dev Assoc.</u>		Click Here for Memo Itemization	
Business Address <u>800 W Barnes Lansing, MI 48910</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 19,300.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 45899
2. Committee Name People for Kathie Dunbar

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	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/23/2021</u>	
Name & Address: Francisco Vaca 516 Lauren's Way Lansing, MI 48910		25.01 \$ _____	25.01 \$ _____
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	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/23/2021</u>	
Name & Address: Shawn Elliott 4241 Bond Ave. Holt, MI 48842		250.00 \$ _____	250.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Self-Employed</u> Employer <u>SE Growth</u> 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	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/24/2021</u>	
Name & Address: Caralina Alfaro 2875 Linn Rd. Lansing, MI 48910		100.00 \$ _____	100.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Lab Manager</u> Employer <u>Lion Labs</u> Business Address <u>4800 N Grand River Lansing, MI</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 # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/26/2021</u>	
Name & Address: Julie Farner 1009 Hickory St. Lansing, MI 48910		100.00 \$ _____	100.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Professor</u> Employer <u>Wayne State University</u> 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	

Page Subtotal **475.01**

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

28,810.01

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 45899
2. Committee Name People for Kathie Dunbar

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 <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	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: Jeremy Sprague 218 E Elm St Lansing, MI 48910 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: Sleepwalker Spirits & Ale 1101 S. Washington Ave Lansing, MI 48910 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input checked="" type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Pizza and meeting space</u> 5. Date Of Receipt: <u>7/19/2021</u> 6. Vendor Name & Address: Sleepwalker Spirits & Ale 1101 S. Washington Ave Lansing, MI 48910 Click Here for Memo Itemization	\$ 600.00 \$ _____	\$ 600.00 \$ _____
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: Click Here for Memo Itemization	\$ _____ \$ _____	\$ _____ \$ _____
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: Click Here for Memo Itemization	\$ _____ \$ _____	\$ _____ \$ _____

Page Subtotal	600.00	600.00
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	600.00	

Enter this total on line 6 of Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

45899
1. Committee I. D. Number _____
2. Committee Name People for Kathie Dunbar

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Glasswing Public Affairs Address 7649 Madrid Dr. Lansing, MI 48917 <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Mgmt</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/11/2021</u> Date	\$ <u>1000.00</u>
Expenditure #2 Name Wix, Inc. Address 500 Tery A Francois Blvd Fl 6 San Francisco, CA 94158-2230 <input type="checkbox"/> Fund Raiser	Purpose: <u>Website hosting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/21/21</u> Date	\$ <u>18.00</u>
Expenditure #3 Name Wix, Inc. Address 500 Tery A Francois Blvd Fl 6 San Francisco, CA 94158-2230 <input type="checkbox"/> Fund Raiser	Purpose: <u>email address 1/yr.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/21/21</u> Date	\$ <u>36.00</u>
Expenditure #4 Name Glasswing Public Affairs Address 7649 Madrid Dr. Lansing, MI 48917 <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Mgmt</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/1/21</u> Date	\$ <u>1000.00</u>
Expenditure #5 Name Allied Union Serives Address 240 N Fenway Drive Fenton, MI 48430 <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing/Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/14/21</u> Date	\$ <u>5322.59</u>

Subtotal this page **7376.59**

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

Enter this total on line 8a of Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

45899

1. Committee I. D. Number _____
2. Committee Name People for Kathie Dunbar

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Allied Union Services Address 240 N. Fenway Dr. Fenton, MI 48430 <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing/Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/7/21</u> Date	\$ <u>4633.30</u>
Expenditure #2 Name Allied Union Services Address 240 N Fenway Dr. Fenton, MI 48430 <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing/Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/25/21</u> Date	\$ <u>2530.01</u>
Expenditure #3 Name Allied Union Services Address 240 N Fenway Dr. Fenton, MI 48430 <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing/Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/15/21</u> Date	\$ <u>287.61</u>
Expenditure #4 Name Allied Union Services Address 240 N Fenway Dr. Fenton, MI 48430 <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>6/9/21</u> Date	\$ <u>145.27</u>
Expenditure #5 Name Facebook, Inc. Address 1601 Willow Ave. Menlo Park, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/16/21</u> Date	\$ <u>25.00</u>

Subtotal this page **\$7621.19**

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

Enter this total on line 8a of Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

45899

1. Committee I. D. Number _____
2. Committee Name People for Kathie Dunbar

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Facebook, Inc. Address 1601 Willow Ave. Menlo Park, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/17/21</u> Date	<u>\$ 25.00</u>
Expenditure #2 Name Facebook, Inc. Address 1601 Willow Ave. Menlo Park, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/18/21</u> Date	<u>\$ 25.00</u>
Expenditure #3 Name ActBlue Address PO Box 441146 Somerville, MA 02144-0031 <input type="checkbox"/> Fund Raiser	Purpose: <u>Service Fees</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/31/21</u> Date	<u>\$ 13.51</u>
Expenditure #4 Name ActBlue Address PO Box 441146 Somerville, MA 02144-0031 <input type="checkbox"/> Fund Raiser	Purpose: <u>Service Fees</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/30/21</u> Date	<u>\$ 3.00</u>
Expenditure #5 Name ActBlue Address PO Box 441146 Somerville, M 02144-0031 <input type="checkbox"/> Fund Raiser	Purpose: <u>Service Fees</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/20/21</u> Date	<u>\$ 13.96</u>

Subtotal this page **80.47**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total on line 8a of Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

45899

1. Committee I. D. Number _____

2. Committee Name People for Kathie Dunbar

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Paypal, Inc. Address 2211 N 1st St, San Jose, CA 95131 <input type="checkbox"/> Fund Raiser	Purpose: <u>Service Fees</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/1/21</u> Date	<u>\$ 139.95</u> Click Here for Memo Itemization Type
Expenditure #2 Name Vantiv WorldPay Address 8500 Governors Hill Dr Symmes Township, OH 45249 <input type="checkbox"/> Fund Raiser	Purpose: <u>credit card processing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/9/21</u> Date	<u>\$ 7.67</u> Click Here for Memo Itemization Type
Expenditure #3 Name Allied Union Services Address 240 N. Fenway Dr. Fenton, MI 48430 <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing/postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/1/21</u> Date	<u>\$ 373.56</u> Click Here for Memo Itemization Type
Expenditure #4 Name Allied Union Services Address 240 N Fenway Dr. Fenton, MI 48430 <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing/postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/7/21</u> Date	<u>\$ 365.71</u> Click Here for Memo Itemization Type
Expenditure #5 Name Allied Union Services Address 240 N Fenway Dr Fenton, MI 48430 <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing/postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/12/21</u> Date	<u>\$ 343.74</u> Click Here for Memo Itemization Type

Subtotal this page	1,230.63
Grand Total of all Schedules 1B (Complete on last page of Schedule)	16,308.88

Enter this total on line 8a of Summary Page



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

1. Committee I.D. Number 45899

2. Committee Name People for Kathie Dunbar

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: Kathie Dunbar 1334 Boston Blvd. Lansing, MI 48910	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>5/15/2021</u> 6. <u>Original Amount of Debt:</u> <u>\$ 15,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>15,000.</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: Kathie Dunbar 1334 Boston Blvd. Lansing, MI 48910	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>5/8/18</u> 6. <u>Original Amount of Debt:</u> <u>\$ 3,068.91</u>	\$ \$ \$ \$ \$	\$ _____	\$ <u>3,068.91</u> <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: Kathie Dunbar 1334 Boston Blvd. Lansing, MI 48910	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>4/24/18</u> 6. <u>Original Amount of Debt:</u> <u>\$ 398.00</u>	<u>7/28/18</u> \$ <u>296.03</u> \$ \$ \$ \$	\$ <u>296.03</u>	\$ <u>101.97</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt) **\$18,170.88**

Grand Total of all Schedules 1E **\$18,170.88**
(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.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 45899
2. Committee Name People for Kathie Dunbar

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>07/19/2021</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>20</u>	5. Type of Fund Raising Activity <u>Pizza, drinks</u>	6. Address and Name (If any) of the place where the activity was held. <u>1101 S Washington Ave. Lansing 48910</u> <input type="checkbox"/> Private Residence
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7. Total Contributions \$6225.00
8. Other Receipts _____
9. Gross Receipts (Add lines 7 and 8) \$6225.00
10. Total Cost of Event \$600
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.