



15 To 13 at

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

CANDIDATE COMMITTEE COVER PAGE

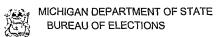
F2009-0131
7/24/09 2:48 PM Page 1 of 1
CAMP \$0.00
Mike Bryanton, Ingham County Clerk

the treasurer (or designated record keeper) and candidate.	01/01/09 to 07/19/09	
1. Committee I.D. Number	Candidate Last Name First Name M.I.	
458990-0	Dunbar Kathie	
	4a. Office Sought Including District # or Community Served (If applicable)	
People for Kathie Dunbar	Lansing City Council At-Large	
l eople for Ratifie Duffbar	4b. County of Residence Ingham	
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address	
1334 Boston Blvd.	Rebecca Bahar-Cook	
Lansing, MI 48910	525 Westmoreland Lansing, MI 48915 RECEIVED	
	Lansing, MI 48915	
	D A 2000	
Area Code and Phone (517) 243-2433	JUL 24 2009	
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.	Area Code & Phone (517) 290-2845	
	Area Code & Phone (517) 290-2845 8. Designated Record keeper's Name and Mailing Address (If the committee has a	
7. Treasurer's Business Address	Designated Record keeper)	
124 W. Allegan St., Ste. 1616	Loukas P. Kalliantasis	
Lansing, MI 48933	624 May St., Apt. 1	
	Lansing, MI 48906	
(E17) 19E 0197	Area Code and Phone (517) 377-0893	
Area Code and Phone (517) 485-9127	Area Code and Phone (317) 317-0093	
9. TYPE OF STATEMENT		
9a. Pre-Election OR 9b. Pos	-Election 9c. Annual Statement (Coverage Year)	
Pre-Election or Post-Election Statement relates to:	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)	
✓ Primary Ger	9e. Dissolution of Candidate Committee	
	Effective Date of Dissolution	
Convention	nool	
Special	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	
Date of Election, Convention or Caucus	the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.	
08/04/09	Note: The disposition of residual funds must be reported on Schedule	
A committee that does not have a Poporting Waiver must file all re	1B and the Summary Page.	
Schedules. Direct contributions, in-kind contributions, loans, expe	equired Campaign Statements. The Campaign Statements must include all applicable and fures, and outstanding debts count against the \$1,000 Reporting Waiver threshold.	
	led since the information was shown on the committee's Statement of Organization, an this Campaign Statement. If a request for a Reporting Waiver is not received on or that campaign statement cannot be waived.	
10. Verification: I\We certify that all reasonable diligence was used my\our knowledge and belief the contents are true, accurate and c	in the preparation of this statement and attached schedules (if any) and to the best of omplete.	
Current Treasurer or Loukas P. Kalliantasis, Loub Phalada 7/24/09		
Designated Record keeper Type or Print Name	Signature Date 7/24/09	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Candidate Kathie Dunbar	/ Kalkus/Sumban	
Type or Print Name	Signature	

1. Committee I.D. Number 458990-0

SUMMARY PAGE CANDIDATE COMMITTEE

CANDIDATE COMMITTEE	2. Committee Name	
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	4.045.00	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 1,045.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	(
c. Subtotal of "Contributions"	(3c.) \$_\$1,045.00	(18.) \$ \$7,977.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$0.00	(19.) \$ \$0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$1,045.00	(20.) \$ \$7,977.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$0.00	(21.) \$ \$2,338.69
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ \$0.00	(22.) \$ \$0.00
EXPENDITURES	•	And the second s
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ _\$0.00	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _\$0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ \$0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ _\$0.00	(23.) \$ \$4,574.74
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$ \$0.00	-
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.)\$ \$0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ \$0.00	(24.) \$ \$0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _\$0.00	_
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _\$0.00	_
	BALANCE STATEMENT	
Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ \$239.18	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ \$1,045.00	_
15. SUBTOTAL Add lines 13 and 14	(15.) = \$_\$1,284.18	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ \$0.00	
(Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$1,284.18	*

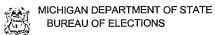


ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number _______458990-0

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? YES 4. Date of Receipt 06/08/09 Name & Address:		
Ann M. Francis		
221 Leslie St.	_s 25.00	_s 25.00
Lansing, MI 48912	\$	<u> </u>
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Employer		
Business Address Type of Contribution: Loan from a person Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/04/09 Name & Address		
Melodee Graybill 533 Westmoreland	_{\$} 25.00	_{\$} 25.00
Lansing, MI 48915	Clink Horn f	ior Mama Itamization
5. If over \$100.00 cumulative, please provide:	Click Here i	or Memo Itemization
Occupation Employer		
Business Address	•	
Type of Contribution:		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/08/09 Name & Address:		
Marie A. Hansen	_s 25.00	_s 25.00
901 Smith Ave.	\$	\$ 20.00
Lansing, MI 48910	Click Here fo	or Memo Itemization
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/24/09 Name & Address		
Kent A. Love 515 Bartlett St. Lansing, MI 48915	_{\$} 50.00	_{\$_} 50.00
5. If over \$100.00 cumulative, please provide:	O	8.6 No. 2 C
Occupation Employer	Click Here to	or Memo Itemization
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
Page Subtota	\$125.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Page of	Enter this total on line 3a of Summar Page.	у

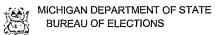


ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number _____458990-0

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? YES 4. Date of Receipt 06/04/09		
John E. Hagen		
3100 E. Mt. Hope	50.00	¢ 50.00
Lansing, MI 48910	_{\$} 50.00	\$ 30.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer	CHOK FIGIGIT	A MIGHIO RGIMZAROH
Business Address		
Type of Contribution: V Direct Loan from a person Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/04/09 Name & Address		
Mary P. Gardner	50.00	50 00
1035 Seymour St.	_{\$} 50.00	_{\$} _50.00
Lansing, MI 48906		
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		i
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 01/30/09 Name & Address:		
Paul C. Pratt	_s 100.00	100.00
416 Everett Dr.	\$ 100.00	_{\$} 100.00
Lansing, MI 48915	Click Here for	r Memo Itemization
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/09/09 Name & Address		
Kenneth C. Beachler	100.00	100.00
1450 Hitching Post Rd. East Lansing, MI 48823	_{\$} 100.00	_{\$} _100.00
5. If over \$100.00 cumulative, please provide:		
	Click Here for	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
Page Subtotal	\$300.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	J
Page 2 of 4	line 3a of Summary Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

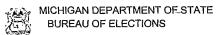
CANDIDATE COMMITTEE

1. Committee I.D. Number 458990-0

2. Committee Name People

People for Kathie Dunbar

Enter contributor's name and address. If contribution is from an individual, et middle initial. Check box to indicate if contribution is from a Political Committe Committee (PAC) Report all contributions regardless of amount.	nter last name, first name, ee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address:	06/09/09		
Marilyn P. Frye			
222 Leslie St.		_{\$} 100.00	å 100.00
Lansing, MI 48912		\$ 100.00	\$ 100.00
5. If over \$100.00 cumulative, please provide:		Click Here fo	or Memo Itemization
Occupation Employer		001(110.01)	
Business Address			
Type of Contribution:	Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address	06/02/09		
William M. Beachler		100.00	400.00
3333 Moores River Dr., Apt. 104		\$ 100.00	_{\$} 100.00
Lansing, MI 48911			
5. If over \$100.00 cumulative, please provide:		Click Here fo	r Memo Itemization
Occupation Employer			
Business Address			
Type of Contribution:	Fund Raiser		
Contribution # 3 PAC Receipt? YES 4. Date of Receipt YES 4. Dat	ot 07/19/09		
Douglas E. Meeks		_s 100.00	100.00
2309 Jolly Rd., Apt. 5		\$ 100.00	_{\$} 100.00
Lansing, MI 48910		Click Here for	Memo Itemization
5. If over \$100.00 cumulative, please provide:		Ollok Flore for	Womo Romzadon
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt YES Address	pt 06/01/09		
Ehsan Ahmed	,	400.00	400.00
2572 Windbreak Ln.		_{\$} 100.00	_{\$} _100.00
Lansing, MI 48910			
5. If over \$100.00 cumulative, please provide:		Click Here for	Memo Itemization
OccupationEmployer			
Business Address			
Type of Contribution: 📝 Direct Loan from a person	Fund Raiser		
	Page Subtotal	\$400.00	
Gra	nd Total of All Schedules 1A		-
	ete on last page of Schedule)	Enter this total on	٦
Page 3 of 4		line 3a of Summary Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

458990-0 1. Committee I.D. Number _

F-1		autologian ia francon indic	لسياسة	anter last name first name	I & Amount	7 Cumulative for
	to indicate if cont	ribution is from a Political (enter last name, first name, nittee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 Name & Address:	PAC Receipt?	YES 4. Date of	Rece	06/01/09		
Dennis J. Hall						
2572 Windbreak	Ln.				100.00	<u></u> 100.00
Lansing, MI 4891	0				_{\$} 100.00	\$ 100.00
5. If over \$100.00 cumu		vide:				
					Click Here for	or Memo Itemization
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?	YES 4. Date of	Rece	oipt 06/06/09		
Cheryl A. Beatty					100.00	100.00
220 Allen St.					_{\$} 120.00	_s 120.00
Lansing, MI 4891	2					<u> </u>
5. If over \$100.00 cumu		vide:			Click Here fo	or Memo Itemization
		Thornapple	Vete	erinary Medical Center	0110101101010	TWOING ROTHLEAGON
Occupation Veterinari	<u> </u>	-				
Business Address 2220) Patterson Rd	., Middleville, MI 493	33			
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
3. Contribution # 3	PAC Receipt?	YES 4. Date o	f Rec	eipt		
Name & Address:		_				
					\$. \$
					Clieb Here fo	n Maura Itaminatian
5. If over \$100.00 cumu	lative, please pro	vide:			Click Here to	r Memo Itemization
Occupation		Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
3. Contribution # 4	PAC Receipt?	YES 4. Date of	of Red	ceipt	<u> </u>	
Name & Address						
					\$	•
					<u> </u>	\$
5. If over \$100.00 cumu	lative, please pro	vide:			Click Here fo	r Memo Itemization
Occupation		Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person	Г	Fund Raiser		
.) - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -				Page Subtotal	#000 0C	
				raye Sublotai	\$220.00	
				Grand Total of All Schedules 1A	\$1,045.00	
			(Com	plete on last page of Schedule)	Enter this total on	
Page of					line 3a of Summary Page.	•



ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1

CANDIDATE COMMITTEE

1. Committee I.D. Number 458990-0

	2. Co	ommittee Name People for Kathle Dunbar
3. Name & Address From Whom Receive	d 4. Date of Receipt	5. Type of Receipt 6. Amount
Receipt #1	Date of Receipt	Loan from a Lending Institution
Name & Address:		Interest \$
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Receipt #2	Date of Receipt	Lean from a Landing Institution
Name & Address:		Loan from a Lending Institution
		Interest \$
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Receipt #3 Name & Address:	Date of Receipt	Loan from a Lending Institution
		Interest \$
		Refund \Rebate Click for Memo Itemization Type
	П	Other (Specify)
	Fund Raiser	
Receipt #4 Name & Address:	Date of Receipt	Loan from a Lending Institution
		Interest \$
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Receipt #5 Name & Address:	Date of Receipt	Loan from a Lending Institution
		Interest \$
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Receipt #6 Name & Address:	Date of Receipt	Loan from a Lending Institution
-		Interest \$
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Receipt #7 Name & Address:	Date of Receipt	Loan from a Lending Institution
		\$
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
	L_1 Fullu Naisei	Page Subtotal \$0.00
		Grand Total of All Schedules 1A -1
		(Complete on last page of Schedule)

Enter this total on line 4 of Summary Page

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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 458990-0

CANDIDATE COMM	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 all 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? Yes Name & Address:	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN	\$	
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	Description 5. Date Of Receipt: 6. Vendor Name & Address: Clic	k Here for Memo Ita	emization
Fund Raiser Contribution Contribution # 2 PAC Receipt? Yes Name & Address	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN	\$,
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description 5. Date Of Receipt: 6. Vendor Name & Address:	ck Here for Memo It	emization
Fund Raiser Contribution Contribution #3 PAC Receipt? Yes Name & Address:	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others	\$,	
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:	ck Here for Memo It	emizatio n
Fund Raiser Contribution		 	
	Page Subtotal	\$0.00	\$0.00
	Grand Total of all Schedules 1-IK (Complete on last page of Schedule)		

Enter this total on line 6 of Summary Page

Page 1 of 1



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

458990-0

1. Committee I. D. Number

2. Committee Name People for Kathie Dunbar

Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name			\$
Address	Purpose:	Date	·
/ duliess		ara for Marma	Itamiration Tuna
	r	ere for Memo	Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		····
Expenditure #2			
Name			\$
Address	Purpose:	Date	·
Address			
	Click H	ere for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name			
		Date	\$
Address	Purpose:	Date	
	Click H	ere for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4		 	
Name			
		Date	\$
Address	Purpose:		
	Click H	ere for Memo	Itemization Type
		0.0.707 17.01770	
n	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name			\$
Address	Purpose:	Date	
	Click U	ere for Memo	Itemization Type
	Check box if this expenditure is payment of	O.O TO, INJECTIO	NOTIFICATION TYPE
Fund Raiser	debt or obligation reported on previous statement		
		al this page	c 0 00
			\$0.00
	Grand Total of all S	Schedules 1B	<u></u>

(Complete on last page of Schedule)

\$0.00

Enter this total on line 8a of Summary Page



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ITEMIZED IN-KIND EXPENDITURES

SCHEDULE 1B - IK

CANDIDATE COMMITTEE

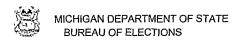
458990-0

1. Committee I. D. Number People for Kathie Dunbar

Name and Address of person to whom goods or services were donated or transferred.	Type of In-Kind Expenditure (Check appropriate box and fill in description)	5. Date:	Fair Market Value
Expenditure #1 Name & Address:	Donation of goods or services to a Ballot Question Committee Donation of assets to tax exempt charitable Institution Donation of assets to Political Party Committee	\$ Date)
	Other Description	Click Here for Memo Item	nization Type
Expenditure #2 Name & Address:	4. Donation of goods or services to a Ballot Question Committee Donation of assets to tax exempt charitable institution Donation of assets to Political Party Committee Other Description:	Date Click Here for Memo Item	
Expenditure #3 Name & Address:	4. Donation of goods or services to a Ballot Question Committee Donation of assets to tax exempt charitable institution Donation of assets to Political Party Committee Other Description:	Date Click Here for Memo Item	
Expenditure #4 Name & Address:	4. Donation of goods or services to a Ballot Question Committee Donation of assets to tax exempt charitable institution Donation of assets to Political Party Committee Other Description:	Date Click Here for Memo Item	
Expenditure #5 Name & Address:	Donation of goods or services to a Ballot Question Committee Donation of assets to tax exempt charitable institution Donation of assets to Political Party Committee Other Description:	Date Click Here for Memo Item	
		Page Subtotal	\$0.00
	Grand Tot	al of all Schedules 1B-IK	\$0.00

(Complete on last page of Schedule)

Enter this total on line 7 of the Summary Page



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Page ____ of ___

EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES

SCHEDULE 1 B - G

1. Committee I.D. Number 458990-0

CANDIDATE COMMITTEE

2. Committee Name

People for Kathie Dunbar

USE THIS FORM TO REPORT EXPENDITURES MADE FOR ELECTION DAY BUSING OF VOTERS TO THE POLLS, FOR SLATE CARDS, CHALLENGERS, POLL WATCHERS, AND GET-OUT-THE VOTE ACTIVITY. Describe the specific Get-Out-The -Vote activity in

Item 4f. ALL EXPENDITURE	S ARE REQUIRED TO BE ITEMIZED		
Name and address of person or vendor to whom the expenditure was made	4. Type of Activity	5. Date	6. Amount
Expenditure #1	a. Election Day Busing of Voters To The Polls	<u> </u>	
Name & Address:			
	b. Slate Cards c. Challengers		
	d. Poll Watchers e. Poll Workers		
	d. Poll Watchers e. Poll Workers		\$
		Date	
	f. Get-Out-The Vote Activity (Specify):		
	Click	Here for Memo I	temization Type
For Activity Type b-f, check one:	· ·		··
In-Kind Independent			
	Check box if this expenditure is payment of		
If in support of, or in opposition to, a ballot proposal, check one:	debt or obligation reported on previous statement		
			•
Support Oppose			
Statewide Proposal Name	Local Proposal Name In	dicate County _	
Expenditure #2			
Name & Address:	a Election Day Busing of Voters To		
	The Polls		
	b. Slate Cards c. Challengers		
	d. Poll Watchers e. Poll Workers		\$
		Date	-
	f. Get-Out-The Vote Activity (Specify):		
	Click	Here for Memo It	emization Type
For Activity Type b-f, check one:			
In-Kind Independent	-		
If in support of, or in opposition to, a ballot proposal, check one:	Check box if this expenditure is payment of		
	debt or obligation reported on previous statement		
Support Dppose			
Statewide Proposal Name	ocal Proposal NameIndic	ate County	
Expenditure #3			
Name & Address:	Election Day Busing of Voters To The Polls		
	b. Slate Cards c. Challengers		
	d. Poll Watchers e. Poll Workers	Date	\$
	f. Get-Out-The Vote Activity (Specify):		
For Astinity Type In 6 should pro-		Here for Memo It	omization Type
For Activity Type b-f, check one:	CHCK	nere ioi iviemo il	emization type
In-Kind Independent			
	Check box if this expenditure is payment of		
If in support of, or in opposition to, a ballot proposal, check one:	debt or obligation reported on previous statement		
Support Oppose			
Statewide Proposal Name	Local Proposal Name In	ndicate County _	
	Su	ibtotal this page	\$0.00
	Grand Total of all S	chedules 18-C)	<u> </u>
	(Complete on last page	age of Schedule	\$0.00
	(

Enter total on Line 8b Summary Page



INCIDENTAL OFFICE EXPENSE DISBURSEMENTS SCHEDULE 1C CANDIDATE COMMITTEE

1. Committee I. D. Number	458990-0
i. Committee i. D. Hamber	

(For use by officeholders only)

Committee Name People for Kathie Dunbar

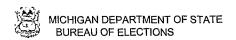
3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1	Purpose		
Name & Address:			\$
		Date	Ψ
		Click for Memo Ite	mization Type
 	Disbursement Code	_	
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser		
Disbursement # 2 Name & Address:	Purpose		
Inditie & Address.			\$
		Date	-
-		Oliah Can Manua Ha	
		Click for Memo Ite	mization Type
· ·			
Check box if this disbursement is payment of debt or obligation	Disbursement Code	-	
reported on previous statement	Fund Raiser		
Disbursement # 3 Name & Address:	Purpose		
Name & Address:		<u> </u>	\$
		Date	
		Click for Memo Ite	mization Type
	Disbursement Code	_	
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser		
Disbursement # 4	Purpose		
Name & Address:			\$
		Date	<u> </u>
		Click for Memo Ite	mization Type
Check box if this disbursement is payment of debt or obligation	Disbursement Code	-	
reported on previous statement	Fund Raiser		
		Subtotal this page	\$0.00
	Grand To (Complete or	otal of all Schedules 1C n last page of Schedule)	\$0.00

Enter this total on line 10a of Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY

	1	1
Page	1	of '



DEBTS AND OBLIGATIONS SCHEDULE 1E

Page I of I

1. Committee I.D. Number

458990-0

SCHEDULE 1E	People for	Kathie Dunbar		
CANDIDATE COMMITTEE 2. Co	ommittee Name	Tatric Daribai		
This Schedule itemizes:				
a Debts and obligations owed <u>by</u> or forgiven the come (Chec	mittee OR b. Debt ck either a or b. Use only for the pu	s and obligations owed <u>to</u> or prose checked.)	forgiven <u>by</u> the con	nmittee.
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? Yes Owed to or by:	4. Type:	\$		
	5. Date Debt Was Incurred:	<u> </u>		
		<u> </u>		œ
	6. Original Amount of Debt:	\$	\$	Ψ
	\$	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type:	\$		
	5. Date Debt Was Incurred:	\$		
	6. Original Amount of Debt:	\$	\$	\$
	\$	\$		FORGIVEN
		\$,
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$	
Debt #3 Corp? Yes Owed to or by:	4. Type:	\$		
	5. Date Debt Was Incurred:	\$		
		\$		
	6. Original Amount of Debt:	·	l \$	\$
	\$	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		Ar	mount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	\$0.00
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)				\$0.00
A debt or obligation must be shown on this Scheduthis Campaign Statement or it was forgiven during			osing date of	Enter this total on line 12a "owe by"" or line 12b "owed to" of the Summary Page



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FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number 458990-0

2. Committee Name People for Kathie Dunbar

- USE A SEPARATE SHEET FOR EACH EVENT -					
3. Date Event Was Held	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held.		
			Private Residence		
7. Total Contributions					
8. Other Receipts					
9. Gross Receipts (Add lines 7	and 8)				
10. Total Cost of Event (Total Cost includes In-Kind Co	ntributions and All Expenditures	Made For the Event)			
11. Check if event was a jo	int fund raiser and complete the	following:			
Co-Sponsor(s)	Contribution S (%)	Contribution 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.

Page _1 ___ of _1 ___