



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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12/9/13 10:32 AM Page 1 of 1
CAMP \$0.00
Barb Byrum, Ingham County Clerk

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**CANDIDATE COMMITTEE
COVER PAGE**

INGHAM COUNTY CLERK

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: 10/21/13 to 11/25/13

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

4a. Office Sought Including District # or Community Served (if applicable)
Lansing City Council At-Large

4b. County of Residence Ingham

6. Treasurer's Name & Residential Address
Rebecca Bahar-Cook
525 Westmoreland
Lansing, MI 48915

Area Code & Phone (517) 290-5845

8. Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper)
Dylan Hellus
211 E North St Apt 2
Lansing, MI 48906

Area Code and Phone (989) 280-7751

1. Committee I.D. Number
45899

2. Committee Name
People for Kathie Dunbar

5. Committee's Mailing Address
1334 Boston
Lansing, MI 48910

Area Code and Phone (517) 614-9035

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

7. Treasurer's Business Address
124 W Allegan
Lansing, MI 48933

Area Code and Phone (517) 485-9127

9. TYPE OF STATEMENT

9a. Pre-Election OR 9b. Post-Election

Pre-Election or Post-Election Statement relates to:

Primary General
 Convention School
 Special Caucus

Date of Election, Convention or Caucus
11/05/13

9c. Annual Statement (_____ Coverage Year)

9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. Dissolution of Candidate Committee

Effective Date of Dissolution

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

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

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record Keeper Dylan Hellus Signature [Signature] Date 12/4/13

Candidate Kathie Dunbar Signature [Signature] Date 12/4/13



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>1,930.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$1,930.00</u>	(18.) \$ <u>\$52,536.67</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$1,930.00</u>	(20.) \$ <u>\$52,536.67</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$971.60</u>	(21.) \$ <u>\$3,168.47</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$16,754.41</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>\$628.04</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$17,382.45</u>	(23.) \$ <u>\$49,639.45</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>\$0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>\$0.00</u>	(24.) \$ <u>\$4,743.47</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>\$0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$21,928.19</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$1,930.00</u>	
	(15.) = \$ <u>\$23,858.19</u>	
15. SUBTOTAL Add lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$17,382.45</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$6,475.74</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 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>11/06/13</u>	
Name & Address: Shannon Summersett 3100 West Rd East Lansing, MI 48823		\$ <u>1000</u>	\$ <u>1000</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Realtor</u> Employer <u>Keller Williams</u> Business Address <u>3490 Belle Chase, Lansing, MI 48911</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>11/06/13</u>	
Name & Address: James Logue 10333 Riverrock Dimondale, MI 48821		\$ <u>250</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COO</u> Employer <u>Great Lakes Capitol Fund</u> Business Address <u>1118 S Washington, 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 # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/06/13</u>	
Name & Address: John Truscott 124 W Allegan Lansing, MI 48933		\$ <u>50</u>	\$ <u>50</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		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/06/13</u>	
Name & Address: James Kraus 1259 Castlewood Dewitt, MI 48820		\$ <u>100</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Captain</u> Employer <u>Lansing Police Dept.</u> Business Address <u>740 May, Lansing, MI 48906</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	

Page Subtotal **\$1,400.00**

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

Enter this total on
line 3a of Summary
Page

1 of 3



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **48599**

CANDIDATE COMMITTEE

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 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? <input type="checkbox"/> Yes Name & Address: Kathie Dunbar 1334 Boston Lansing, MI 48910 If over \$100.00 cumulative, please provide: Occupation: Candidate Employer Name & Business 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 Campaign Expenses 5. Date Of Receipt: 11/13/13 6. Vendor Name & Address: Multiple	\$ 971.60	\$ 2623.32
<input type="checkbox"/> Fund Raiser Contribution	Click Here for Memo Itemization		
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: 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 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:		
<input type="checkbox"/> Fund Raiser Contribution	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:	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:		
<input type="checkbox"/> Fund Raiser Contribution	Click Here for Memo Itemization		

Page Subtotal	\$971.60	\$2,623.32
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Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **\$971.60**

Enter this total
on line 6 of Summary
Page

1 of 1



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 45899
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 Michael McFadden Address 3202 W Jolly Lansing, MI 48911 <input type="checkbox"/> Fund Raiser	Purpose: <u>Consulting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/25/13</u> Date	<u>\$ 75</u>
Expenditure #2 Name USPS Address 315 W Allegan Lansing, MI 48933 <input type="checkbox"/> Fund Raiser	Purpose: <u>Stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/28/13</u> Date	<u>\$ 1840</u>
Expenditure #3 Name USPS Address 315 W Allegan Lansing, MI 48933 <input type="checkbox"/> Fund Raiser	Purpose: <u>Stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/30/13</u> Date	<u>\$ 828</u>
Expenditure #4 Name Keystone Millbrook Address 3540 Jefferson Hwy Grand Ledge, MI 48837 <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>11/04/13</u> Date	<u>\$ 8076.18</u>
Expenditure #5 Name WWSJ Address 1363 W Parks St Johns, MI 48879 <input type="checkbox"/> Fund Raiser	Purpose: <u>Radio Ad</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/04/13</u> Date	<u>\$ 576</u>

Subtotal this page **\$11,395.18**

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

Enter this total
on line 8a of
Summary Page

1 of 3



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 45899
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 Kathie Dunbar Address 1334 Boston Lansing, MI 48910 <input type="checkbox"/> Fund Raiser	Purpose: <u>Reimbursement</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/13/13</u> Date	<u>\$ 971.60</u> Click Here for Memo Itemization Type <input type="button" value="v"/>
Expenditure #2 Name Manatee Graphic Design Address 840 S Clark Dansville, MI 48819 <input type="checkbox"/> Fund Raiser	Purpose: <u>Graphic Design</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/18/13</u> Date	<u>\$ 800</u> Click Here for Memo Itemization Type <input type="button" value="v"/>
Expenditure #3 Name Dylan Hellus Address 211 E North St Apt 2 Lansing, MI 48906 <input type="checkbox"/> Fund Raiser	Purpose: <u>Staff</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/25/13</u> Date	<u>\$ 1250</u> Click Here for Memo Itemization Type <input type="button" value="v"/>
Expenditure #4 Name 2000 Block LLC Address 1 E Kalamazoo Lansing, MI 48933 <input type="checkbox"/> Fund Raiser	Purpose: <u>Rent</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/20/13</u> Date	<u>\$ 1800</u> Click Here for Memo Itemization Type <input type="button" value="v"/>
Expenditure #5 Name BRD Printing Address 912 W St Joeseph Lansing, MI 48915 <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>11/06/13</u> Date	<u>\$ 57.63</u> Click Here for Memo Itemization Type <input type="button" value="v"/>

Subtotal this page **\$4,879.23**

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

Enter this total
on line 8a of
Summary Page

2 of 3



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 45899
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 Joe Findlater Address 1921 E Miller Lansing, MI 48911 <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation Return</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/21/13</u> Date	\$ <u>150</u>
Expenditure #2 Name Nuthouse Address 420 E Michigan Lansing, MI 48933 <input type="checkbox"/> Fund Raiser	Purpose: <u>Victory Party</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/06/13</u> Date	\$ <u>150</u>
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **\$300.00**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$16,574.41**

Enter this total
on line 8a of
Summary Page

363