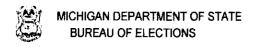


CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

1. Committee I.D. Number 45899 2. Committee Name People for Kathie Dunbar 5. Committee's Mailing Address 1334 Boston Blvd Lansing MI 48910 Area Code and Phone Sesignated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper') 8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) 9. TYPE OF STATEMENT 9a. Pre-Election OR 9b. Post-Election People for Kathie Dunbar 4. Candidate Last Name First Name M.I. Arad Code and Phone Dunbar Kathie A 4. Candidate Last Name First Name M.I. Arad Codemittee A 4. Candidate Last Name First Name M.I. Acta Codemittee A 4. Candidate Last Name First Name M.I. Acta Codemittee A 4. Candidate Last Name M.I. Acta Codemittee A 4. Candidate Last Name M.I. Acta Codemittee A 4. Candidate Last Name First Name M.I. Acta Codemittee A 4. Candidate Last Name M.I. Acta Codemittee A 4. Candidate Last Name M.I. Acta Codemittee A 4. Candidate Last Name M.I. Acta Codemittee Indiana M.I. Acta Code and Phone M.I	Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	signed by	3. This Statement covers From	¹¹ 01/01/15	to 07/20/15	
2. Committies Name People for Kathie Dunbar 5. Committee's Mailing Address 1334 Boston Blvd Lansing MI 48910 4. County of Residence InGHAM RECEIVED 6. Treasurer's Name & Residental Address 1334 Boston Blvd Lansing MI 48910 Area Code and Phone (517) 614-9036 If the address in this box a different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the sing official. Area Code and Phone (517) 485-9127 Are		muiuale.	4 Candidate Last Name		%	MI
4a. Office Sought Including Distract # or Consmunity Served (# applicable) Laneling City Council At-Large 4b. County of Readence INGHAM Also 03 2015 S. Committee's Maling Address 1334 Boston Blvd Lansing MI 48910 Area Code and Phone (517) 814-903. When a Code and Phone (517) 814-903. When					st Name	
Lansing City Council At-Large 4b. County of Residence INGHAM 5. Committee's Mailing Address 1. County of Residence INGHAM 1. County of Residence INGHAM	45099				ity Served (If applicat	
5. Committee's Mailing Address 1334 Boston Blvd Lansing MI 48910 Area Code and Phone (517) 614-3035 If the address in this box is different from the committee If the address in this box is different from the committee If the address in this box is different from the committee If the address in this box is different from the committee If the address by the filing official Area Code and Phone (517) 614-3035 If the address by the filing official Area Code and Phone (517) 290-5845 Area Code and Phone (517) 485-9127 Area Code an	2. Committee Name		1		nty Gerved (ii appricat	ne)
5. Committee's Mailing Address 1.334 Boston Blvd Lansing MI 48910 Area Code and Phone (517) 814-9035 If the address in this boa is different from the committee the sent to this address by the filing official. 7. Treasurer's Business Address 1.24 W. Allegan Suite 1616 Lansing MI 48933 Area Code and Phone (517) 485-9127 9. TYPE OF STATEMENT 9a	People for Kathie Dunbar		4b. County of Residence ING	HAM T	AECEIVEI)
Lansing MI 48910 S25 Westmoreland Lansing MI 48915 NORHAM COUNTY CLERK Area Code and Phone (517) 814-9035 If the address in this boa is a different from the committee the sent to this address by the filing official. 7. Treasurer's Business Address 124 W. Allegan Suite 1816 Lansing MI 48933 Area Code and Phone (517) 485-9127 9. TYPE OF STATEMENT 9a	5. Committee's Mailing Address		6. Treasurer's Name & Reside		CECEI A LUI	<i>4</i>
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Area Code and Phone (517) 814-9035 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 Suite 1616 Lansing MI 48933 Area Code and Phone (517) 485-9127 Bequired ONLY if candidate is not on the ballotfor the current year. July Quarterly Becuired ONLY if candidate is not on the ballotfor the current year. July Quarterly General Convention Special Area Code and Phone 9c. Annual Statement (Complete Item 8s, 49, 9c or 9e to indicate which Statement is being amended.) Area Code and Phone Pre-Election, Convention or Caucus Figure 3 of 9c or 9c or indicate which Statement is being amended.) Area Code and Phone 9c. Annual Statement (Complete Item 8s, 49, 9c or 9e to indicate which Statement is being amended.) Area Code and Phone Figure 3 of 9c or 9c or indicate which Statement is being amended.) Area Code and Phone 9c. Annual Statement (Complete Item 8s, 49, 9c or 9e to indicate which Statement is being amended.) Area Code and Phone Figure 3 of 9c or 9c or indicate which Statement is being amended.) Area Code and Phone Pre-Election or Post-Election Statement (Complete Item 8s, 49, 9c or 9e to indicate which Statement is being amended.) Area Code and Phone Figure 3 of 9c or 9c or indicate Committee Note: The disposition of residual funds must be reported on Schedule 18 and the Summary Page. Report of Election, Convention or Caucus Figure 3 of 9c or 9c or indicate which Statement and attached schedules (if any) and to the best of mylour knowledge and belief the contents are true, accurate and complete. Report of the Committee or in schedule in the preparation of this statement and attach			Lansing MI 48915		COLDERY C	T FOK
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Suite 1616 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: Pre-Election or Post-Election Statement relates to: Primary General Convention Special Caucus October Quarterly Date of Election, Convention or Caucus Page 1. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) Date of Election, Convention or Caucus Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Further, if the dissolution or cannot be granted, that this be considered a request for the Reporting Waiver. Further, if the dissolution or cannot be granted, that this be considered a request for the Reporting Waiver. Further, if the dissolution or cannot be granted, that this be considered a request for the Reporting Waiver. Further, if the dissolution or cannot be granted, that this be considered a request for the Reporting Waiver. Further, if the dissolution or cannot be granted, that this be considered a request for the Reporting Waiver. Further, if the dissolution or cannot be granted, that this be considered a request for the Reporting Waiver. Further, if the dissolution or cannot be granted, that this be considered a request for the Reporting Waiver. Further, if the dissolution or cannot be granted, that this be considered a request for the Reporting Waiver. Further, if the dissolution or cannot be granted, that this be considered a request for the Reporting Waiver. Further, if the dissolution or cannot be granted, that this be considered a request for the Reporting Waiver. Further, if the dissolution or cannot be granted, that this be considered a request for the Reporting Waiver. Further, if the dissolution or cannot be granted in the preparation of the statement or post of the considered a request for the Reporting Waiver. Further, if the dissolution cannot be granted this because in the preparation o	124 W. Allegan		Designated Record keeper)			
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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	1					
9. TYPE OF STATEMENT 9a.						'
9. TYPE OF STATEMENT 9a.						!
9. TYPE OF STATEMENT 9a.	/517) 495 0127					
Required ONLY if candidate is not on the ballot for the current year. Pre-Election OR 9b. Post-Election Post-Election Pre-Election	Area Code and Phone (S17) 465-9127		Area Code and Phone			
Pre-Election OR 9b. Post-Election Post-Election Is not on the ballot for the current year: Is not on the ballot for the current year: Is not on the ballot for the current year: Is not on the ballot for the current year: Is not on the ballot for the current year: Is not on the ballot for the current year: Is not on the ballot for the current year: Is not on the ballot for the current year: Is not on the ballot for the current year: Is not on the ballot for the current year: Is not one that 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 oustanding assets, owes no lates fees or has any oustanding debt. Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.	9. TYPE OF STATEMENT	Required Of	NIV if candidate	9e. Dissolution	of Candidate Comm	ittee
Pre-Election or Post-Election Statement relates to: Primary	9a. Pre-Election OR 9b. Post-Election	is not on the	ballot for the			
Primary	Pre-Election or Post-Election Statement relates to:			by discharged an	nd forgiven, and no lor	ger collectible from
Convention Special 9c. Annual Statement (Primary	X July Quart	erly			
School School Ocoverage Year School Ocoverage Year School Ocoverage Year School Ocoverage Year Ocoverage	General	October C	luarterly	Further, if the dis	solution cannot be gra	inted, that this be
School Caucus Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) Date of Election, Convention or Caucus F2015-0716 School Page 1 of 1 School Type or Print Name Signature Effective date of dissolution Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. 10. Verification: INWe certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of mylour knowledge and belief the contents are true, accurate and complete. Current Treasurer or Designated Record keeper Type or Print Name Signature T-31-2015	Convention			considered a requ	uest for the Reporting	Waiver.
Caucus Caucus School Gaucus School Sc	☐Special	9c. Annua	al Statement (
Date of Election, Convention or Caucus F2015-0716 B 73/15 4 26 PM Page 1 of 1 B 73/15 4 26 PM Pag	School		· · · · · · · · · · · · · · · · · · ·	Effective	ve date of dissolution	
Date of Election, Convention or Caucus Date of Election, Convention or Caucus F2015-0716 8/3/15 4.26 PM Page 1 of 1 Canver \$0.00 Barb Byrum. Ingham County Clerk Page 20 Page 30	Caucus	9d. Amer	ndment to Campaign Statement			
Date of Election, Convention or Caucus Page 1				Note: The dispos	sition of residual funds	must be reported on
10. Verification: INWe 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 Type or Print Name Signature Candidate Kathie Dunbar Reduction: INWe 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. 7-31-2015						
10. Verification: INWe 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 Type or Print Name Signature Candidate Kathie Dunbar Reduction: INWe 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. 7-31-2015	Date of Floation Convention or Covers		F2015_0716	ı		
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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 Type or Print Name Signature Candidate Kathie Dunbar 7-31-2015			Barb Byrum, Ingham Co	ounty Clerk 	LOUGH PRIME LE LYMIN	■ F111
Current Treasurer or Designated Record keeper Rebecca Bahar-Cook , Type or Print Name Signature Candidate Kathie Dunbar , January Date 7-31-2015				MARIE LEFT RUN DALL		h 111
Current Treasurer or Designated Record keeper Rebecca Bahar-Cook , Type or Print Name Signature Candidate Kathie Dunbar , January Date 7-31-2015	10 Verification, MAIs and if the all the second dili-		'- th			
Designated Record keeper Type or Print Name Signature Candidate Kathie Dunbar , Jaluary Date 7-31-2015	my/our knowledge and belief the contents are true,	accurate and co	in the preparation of this statem omplete.	ent and attached s	schedules (if any) and	to the best of
Type or Print Name Signature Candidate Kathie Dunbar Type or Print Name Type or Print Name Type or Print Name Signature Type or Print Name	Current Treasurer or Pohecca Rah	ar Cook			7.0	4 0045
Candidate Kathie Dunbar , Jalhu Julas pate 7-31-2015	Designated Record keeper	ar-Cook	1	\sim ρ		31-2015
Candidate	Type or Print Name		Signature	' } //		
Cartolidate	Kathie Dunbar		* Xalhar L	Un log 1	7-5	31-2015
			Signature	VVV 002	Date	

Authority granted under P.A. 388 of 1976

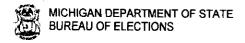


SUMMARY PAGE CANDIDATE COMMITTEE

1. Committee I.D. Number 45899

2. Committee Name People for Kathie Dunbar

RECEIPTS CANDIDATE COMMITTEE	Column i	Column II
	This Period	Cumulative this election cycle
3. Contributions	(3a.) \$ 0.00	
a. Itemized (Schedule 1A - Column 6)		
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	¢530.00
c. Subtotal of "Contributions"	(3c.) \$ \$0.00	(18.) \$ <u>\$530.00</u>
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.) \$ \$0.00	(20.) \$ \$530.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$0.00	(21.) \$ \$0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ \$0.00	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$100.00</u>	
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.) \$ \$100.00	(23.) \$ \$9,365.23
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ \$139.18	-
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ \$255.93	-
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ \$395.11	(24.) \$ \$2,017.40
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _\$444.72	_
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>\$0.00</u>	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ <u>\$767.45</u>	<u> </u>
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5. Total Contributions 2. Other Presides)	(14.) + \$ \$0.00	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$_\$767.45	<u> </u>
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.) - \$ \$495.11	
(Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$272.34	.



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

45899

2. Committee Name People for Kathie Dunbar CANDIDATE COMMITTEE 3. Name and address of person or vendor to whom paid 4. Purpose (Required Information) 5. Date 6. Amount Expenditure #1 Name Friends of Emily Dievendorf 07/13/15 \$ 50.00 Purpose: campaign donation Date Address 901 Britten Ave. Click Here for Memo Itemization Type Lansing MI 48910 Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #2 Name Ingham County Clerk \$ 50.00 Purpose: late filing fee Address 313 W. Kalamazoo St., Click Here for Memo Itemization Type Lansing MI 48933 Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #3 Name Address Purpose: Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #4 Name Date Address Purpose: Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #5 Name Address Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement

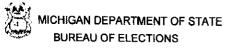
Subtotal this page

\$100.00

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

\$100.00

Enter this total on line 8a of Summary Page



INCIDENTAL OFFICE EXPENSE **DISBURSEMENTS SCHEDULE 1C CANDIDATE COMMITTEE**

1. Committee I. D. Number 45899

2. Committee Name People for Kathie Dunbar

(For use by officenoiders only)	Outstance (Value		
Name and address of person to whom disbursement was made	Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1	Purpose	L.,	
Name & Address:	holiday volunteer dinner	04/00/45	CO 00
El Azteco	noliday volunteer diffre	01/06/15	_{\$} 69.00
1016 W. Saginaw		Date	
Lansing MI 48915		Click for Memo Item	nization Type
Cheek her if this dishurance is assumed at data as a live to	Disbursement Code		
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser		
Disbursement # 2	_		
Name & Address:	Purpose		70.40
Tavern & Tap	meeting with constituents	02/05/15	_{\$} 70.18
101 S. Washington Square		Date	
Lansing MI 48933		Click for Memo Item	ization Type
	Disbursement Code		
Check box if this disbursement is payment of debt or obligation			
reported on previous statement	Fund Raiser		
Disbursement # 3	Purpose		
Name & Address:			•
		Date	a
		Date	
		Clinic for \$4 It	
		Click for Memo Item	ization Type
	Disbursement Code		
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser		
reported on previous statement	L T dilu Kaisei		
Disbursement # 4	Purpose		
Name & Address:			_
			·
		Date	
		Click for Memo Itemi	zation Type
Check box if this disbursement is payment of debt or obligation	Disbursement Code		
reported on previous statement	Fund Raiser		ĺ
		Subtotal this page	1400 40
		<u> </u>	\$139.18
	Grand Total of	of all Schedules 1C page of Schedule)	\$139.18
	(Complete on last	hage or ocuedrie) _	· · ·

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

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Page		O.	