

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and si the treasurer (or designated record keeper) and can	igned by didate	3. This Statement covers From:	07/21/15 to 10/20/15		
Committee I.D. Number		4. Candidate Last Name	First Name M.I.		
		Dunbar Kathie A			
45899		4a. Office Sought Including District # or Community Served (If applicable)			
2. Committee Name		Lansing City Council At-Large			
People for Kathie Dunbar		4b. County of Residence INGHAM			
5. Committee's Mailing Address		6. Treasurer's Name & Residential Address			
1334 Boston Blvd		Rebecca Bahar-Cook 525 Westmoreland RECEIVED			
Lansing MI 48910		525 Westmoreland			
	'	Lansing MI 48915	OCT 26 2015		
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.		INGHAM COUNTY CLERK Area Code & Phone (517) 290-5845			
7. Treasurer's Business Address		Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)			
124 W. Allegan					
Suite 1616					
Lansing MI 48933					
		1			
Area Code and Phone (517) 485-9127		Area Code and Phone			
9. TYPE OF STATEMENT	D	All V if and dideta	9e. Dissolution of Candidate Committee		
9a. Pre-Election OR 9b. Post-Election		NLY if candidate ballot for the :	By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here		
Pre-Election or Post-Election Statement relates to:		by discharged and forgiven, and no longer collectible from the committee. The committee has no oustanding assets,		S,	
July Quar		owes no lates fees or has any oustanding debt.			
General X October (illurther, if the dissolution cannot be granted, that			
Convention			considered a request for the Reporting Waiver.		
	9c	al Statement ()			
School	Annu	Coverage Year	Effective date of dissolution		
Caucus		ndment to Campaign Statement			
	Com (Com	nplete Item 9a, 9b, 9c or 9e to attempt to attempt at the attempt	Note: The disposition of residual funds must be reported on		
amei		ided.)	Schedule 1B and the Summary Page.		
Date of Election, Convention or Caucus		F2015-0953 10/26/15 4:52 PM Page	1 of 1		
		10/26/15 4-52 PM Fage 1 of 1 CAMP \$0.00 Barb Byrum, Ingham County Cierk			
			1		
10. Verification: I\We certify that all reasonable dilige my\our knowledge and belief the contents are true, a	ence was used accurate and d	in the preparation of this statem complete	ent and attached schedules (if any) and to the best of		
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	10-26-2015		
Designated Record keeper	ai-COOK	1 000000	10-20-2015		
Type or Print Name		Signature	//		
Candidate Kathie Dunbar		Kalhink	Date 10-26-2015		
Candidate Type or Print Name		Signature	Date		

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. ttemized (Schedule 1A - Column 6)	(3a.) \$ 0.00	_
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	_
c. Subtotal of "Contributions"	(3c.) \$ \$0.00	(18.) \$ \$530.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _\$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	\$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.) \$ \$0.00	_
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$0.00	
c. Uniternized (less than \$50.01 each - no Schedule)	(8c.) \$ \$0.00	_
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$0.00	(23.) \$ \$9,365.23
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.) \$ \$2,017.40
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$444.72</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ \$0.00	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ \$272.34	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ \$0.00	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$_\$272.34	
15. SUBTOTAL Add lines 13 and 14		
16. Amount expended during reporting period	(16.) - \$ \$0.00	
(Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$272.34	*