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**CANDIDATE COMMITTEE
COVER PAGE**

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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: <u>11/25/09</u> to <u>12/31/10</u>	
1. Committee I.D. Number 458990-0	4. Candidate Last Name <u>Dunbar</u> First Name <u>Kathie</u> M.I. <u>A</u>
2. Committee Name People for Kathie Dunbar	4a. Office Sought Including District # or Community Served (If applicable) Lansing City Council At-Large
5. Committee's Mailing Address 1334 Boston Blvd. Lansing MI 48933	4b. County of Residence <u>Ingham</u>
Area Code and Phone <u>(517) 614-9035</u> 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 Rebecca Bahar-Cook 535 Westmoreland Lansing, MI 48915
7. Treasurer's Business Address 124 W. Allegan St. Ste. 1616 Lansing MI 48933	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
Area Code and Phone <u>(517) 485-9127</u>	Area Code & Phone <u>(517) 290-5845</u>

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 1/30/13 8:37 AM Page 1 of 1
 Barb Byrum, Ingham County Clerk
 Camp \$0.00

9. TYPE OF STATEMENT

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

9c. Annual Statement (2010 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

Pre-Election or Post-Election Statement relates to:

Primary General

Convention School

Special Caucus

Effective Date of Dissolution _____

Date of Election, Convention or Caucus
11/03/09

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 Rebecca Bahar-Cook Signature [Signature] Date 1-27-13

Candidate Kathie Dunbar Signature [Signature] Date 1-27-13



1. Committee I.D. Number 458990-0

**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>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$0.00</u>	(18.) \$ <u>\$27,940.00</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>\$0.00</u>	(20.) \$ <u>\$27,940.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$0.00</u>	(21.) \$ <u>\$2,453.69</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>\$3,000.00</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>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$3,000.00</u>	(23.) \$ <u>\$22,279.88</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>\$947.18</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>\$1,331.36</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>\$2,278.54</u>	(24.) \$ <u>\$2,363.54</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>\$8,575.12</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$0.00</u>	
	(15.) = \$ <u>\$8,575.12</u>	
15. SUBTOTAL Add lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$5,278.54</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$3,296.58</u> *	



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 458990-0
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 Loukas Kalliantasis Address 624 May St. #1 Lansing, MI 48906 <input type="checkbox"/> Fund Raiser	Purpose: <u>consulting/books</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/17/09</u> Date	<u>\$ 2500</u>
Expenditure #2 Name Joe Manzella Address 500 E. Michigan Ave #306 Lansing, MI 48912 <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>12/17/09</u> Date	<u>\$ 500</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 **\$3,000.00**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$3,000.00**

Enter this total
on line 8a of
Summary Page



**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**
(For use by officeholders only)

1. Committee I. D. Number 458990-0
2. 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 Name & Address: Mediteran 333 S. Washington Sq Lansing MI 48933	Purpose <u>meeting</u>	<u>12/04/09</u> Date	<u>\$60.13</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>FO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 2 Name & Address: Roma Bakery 428 N. Cedar St. Lansing MI 48912	Purpose <u>staff holiday party</u>	<u></u> Date	<u>\$83.71</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>BO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 3 Name & Address: El Azteco 1016 West Saginaw Lansing MI 48915	Purpose <u>staff holiday party</u>	<u></u> Date	<u>\$103.88</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>CO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 4 Name & Address: Troppo 111 East Michigan Ave. Lansing MI 48933	Purpose <u>meeting</u>	<u>01/08/09</u> Date	<u>\$60.79</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>FO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	

Subtotal this page **\$308.51**

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

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



**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**
(For use by officeholders only)

1. Committee I. D. Number 458990-0
2. 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 Name & Address: Lansing Advertising <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose advertisement Disbursement Code <u>KO</u> <input type="checkbox"/> Fund Raiser	<u>03/08/09</u> Date	<u>\$80</u> Click for Memo Itemization Type
Disbursement # 2 Name & Address: Sawyers 608 W. Saginaw Lansing MI 48915 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose meeting Disbursement Code <u>FO</u> <input type="checkbox"/> Fund Raiser	<u>04/26/09</u> Date	<u>\$58.67</u> Click for Memo Itemization Type
Disbursement # 3 Name & Address: Team Lansing, CVB 500 E. Michigan Ave. Lansing MI 48912 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose Over the Edge fundraiser Disbursement Code <u>GO</u> <input type="checkbox"/> Fund Raiser	<u>05/24/09</u> Date	<u>\$500</u> Click for Memo Itemization Type
Disbursement # 4 Name & Address: <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose Disbursement Code _____ <input type="checkbox"/> Fund Raiser	_____ Date	\$ _____ Click for Memo Itemization Type
Subtotal this page			\$638.67
Grand Total of all Schedules 1C (Complete on last page of Schedule)			\$947.18

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



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

1. Committee I.D. Number 458990-0
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 endorser 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 checked="" type="checkbox"/> Yes Owed to or by: The Chrome Cat 226 E. Grand River Lansing, MI 48906	4. Type: <u>fundraiser food</u> 5. <u>Date Debt Was Incurred:</u> <u>08/20/09</u> 6. <u>Original Amount of Debt:</u> <u>\$ 200</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$ 200</u> <input checked="" type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</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:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount 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**

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.