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**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY
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 07/21/14 to 10/20/14

1. Committee I.D. Number
458990

2. Committee Name
People for Kathie Dunbar

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**

5. Committee's Mailing Address
**1334 Boston Blvd.
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.

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

Area Code & Phone (517) 290-5845

7. Treasurer's Business Address
**124 W. Allegan
Suite 1616
Lansing, MI 48933**

Area Code and Phone (517) 485-9127

8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)

Area Code and Phone _____

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

Primary
 General
 Convention
 Special
 School
 Caucus

Date of Election, Convention or Caucus

Required ONLY if candidate is not on the ballot for the current year:

July Quarterly
 October Quarterly

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

By checking this item I/We certify any outstanding debt by 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 outstanding assets, owes no lates fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

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

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 *Rebecca Bahar Cook* Date 2/3/15
Type or Print Name Signature

Candidate Kathie Dunbar *Kathie Dunbar* Date 2/3/15
Type or Print Name Signature



1. Committee I.D. Number 458990

**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>\$530.00</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>\$530.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>0.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
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>0.00</u>	(23.) \$ <u>\$9,265.23</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>\$1,000.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>\$204.76</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>\$1,204.76</u>	(24.) \$ <u>\$1,535.95</u>
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.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$2,058.55</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>0.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$2,058.55</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$1,204.76</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$853.79</u>	*



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

1. Committee I. D. Number 485990
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: South Lansing Farmers Market	Purpose nonprofit donation	Date 09/30/14	\$ 1,000.00
Click for Memo Itemization Type			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>GO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 2 Name & Address:	Purpose _____	Date _____	\$ _____
Click for Memo Itemization Type			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> Fund Raiser		
Disbursement # 3 Name & Address:	Purpose _____	Date _____	\$ _____
Click for Memo Itemization Type			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> Fund Raiser		
Disbursement # 4 Name & Address:	Purpose _____	Date _____	\$ _____
Click for Memo Itemization Type			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> Fund Raiser		

Subtotal this page **\$1,000.00**
Grand Total of all Schedules 1C
(Complete on last page of Schedule) **\$1,000.00**

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