



**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number C-2010-057		3. This Statement covers: from <u>10/7/2010</u> to <u>10/19/2014</u>	
2. Committee Name Friends of Christine Stead		4. Candidate Last Name First Name M.I. Stead Christine M 4a. Office Sought Including District # or Community Served (If applicable) Board Member - Local 4b. County of Residence WASHTENAW	
5. Committee's Mailing Address 2531 Jackson Ave #131 Ann Arbor, MI 48103 Area Code and Phone (734) 622-8000 <small>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.</small>		6. Treasurer's Name & Residential Address Jim Stead 2433 Blueberry Lane Ann Arbor, MI 48103 Area Code & Phone (734) 730-5440	
7. Treasurer's Business Address Kyocera Unimerco Tooling, Inc. 6620 State Road Saline, MI 48176 Area Code and Phone (734) 944-4433		8. Designated Record Keeper's Name and Mailing Address of the committee's Designated Record Keeper) Area Code and Phone _____	
9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input checked="" type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus <u>11/4/2014</u>		9e. <input type="checkbox"/> 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 late 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 <u>Jim Stead</u> Type or Print Name		<u>[Signature]</u> Date <u>10/23/2014</u> Signature	
Candidate <u>Christine Stead</u> Type or Print Name		<u>[Signature]</u> Date <u>10/23/2014</u> Signature	

FILED
WASHTENAW COUNTY MI
2014 OCT 23 A 9:32
LAWRENCE KESTENBAUM
COUNTY CLERK/REGISTRAR



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number C-2010-057

2. Committee Name Friends of Christine Stead

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>3985.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>3985.00</u>	(18.) \$ <u>3985.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0</u>	(19.) \$ <u>0</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>3985.00</u>	(20.) \$ <u>3985.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>3616.26</u>	(21.) \$ <u>3616.26</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0</u>	(22.) \$ <u>0</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>3930.23</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>3930.23</u>	(23.) \$ <u>3930.23</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0</u>	(24.) \$ <u>0</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>100.10</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>3985.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>4085.10</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>3930.23</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>154.87</u>	*



ITEMIZED CONTRIBUTIONS

SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number C-2010-057

2. Committee Name Friends of Christine Stead

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? ☐ YES 4. Date of Receipt 8/3/2014

Name & Address:
Constance Hunter Belda
123 Lauren Dr.
Ann Arbor, MI 48105

\$200.00

\$200.00

5. If over \$100.00 cumulative, please provide:

Occupation Retired Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 8/6/2014

Name & Address:
Stephanie Hale
1316 Beechwood Dr.
Ann Arbor, MI 48103

\$400.00

\$400.00

5. If over \$100.00 cumulative, please provide:

Occupation Sales Manager Employer Arden Companies

[Click Here for Memo Itemization](#)

Business Address 30400 Telegraph Rd #200, Bingham Farms, MI 48025

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 8/7/2014

Name & Address:
Jim Stead
2433 Blueberry Lane
Ann Arbor, MI 48103

\$5.00

\$5.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 8/7/2014

Name & Address:
Jim Stead
2433 Blueberry Lane
Ann Arbor, MI 48103

\$5.00

\$10.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal **610.00**

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

Enter this total on
line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS

SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number C-2010-057

2. Committee Name Friends of Christine Stead

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 <u>all</u> 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>8/10/2014</u>	
Name & Address: Norman Herbert 3681 Wagner Ridge Ct. Ann Arbor, MI 48103		\$ <u>50.00</u>	\$ <u>50.00</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 #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/14/2014</u>	
Name & Address: Mike and Nancy Scheible 2881 Stapleton Road Memphis, MI 48041		\$ <u>60.00</u>	\$ <u>60.00</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 # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/19/2014</u>	
Name & Address: Dawn Wetzel 495 N. Wagner Ann Arbor, MI 48103		\$ <u>50.00</u>	\$ <u>50.00</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>8/20/2014</u>	
Name & Address: Robert Satchwell 2202 Riveroak Ct. Ann Arbor, MI 48103		\$ <u>25.00</u>	\$ <u>25.00</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	

Page Subtotal 185.00

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

Enter this total on
line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS

SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number C-2010-057

2. Committee Name Friends of Christine Stead

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6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 9/3/2104

Name & Address:
Mike and Nancy Scheible
2881 Stapleton Road
Memphis, MI 48041

\$ 100.00

\$ 160.00

5. If over \$100.00 cumulative, please provide:

Occupation Retired Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 9/3/2014

Name & Address
John Austin
817 Berkshire Rd.
Ann Arbor, MI 48104

\$ 75.00

\$ 75.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 9/3/2014

Name & Address:
Devoran Chick and Vincent Young
2327 Tall Oak Drive
Ann Arbor, MI 48103

\$ 100.00

\$ 100.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 9/3/2014

Name & Address
Ed and Wendy Rothman
415 Barton N. Drive
Ann Arbor, MI 48105

\$ 100.00

\$ 100.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal **375.00**

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

Enter this total on
line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number C-2010-057

2. Committee Name Friends of Christine Stead

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? ☐ YES 4. Date of Receipt 9/3/2014

Name & Address:
Kenneth and Marni Arnett
2605 Pamela Ave
Ann Arbor, MI 48103

\$ 150.00

\$ 150.00

5. If over \$100.00 cumulative, please provide:

Occupation Accountant Employer University of Michigan

[Click Here for Memo Itemization](#)

Business Address 1500 E. Medical Ctr Dr, Ann Arbor, MI 48109

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 9/3/2014

Name & Address:
Moragan Richner
941 Newport Road
Ann Arbor, MI 48103

\$ 100.00

\$ 100.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 9/3/2014

Name & Address:
Domenico Telemaco
1724 Newport Creek Dr.
Ann Arbor, MI 48103

\$ 40.00

\$ 40.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 9/4/2014

Name & Address:
Leanne Chadwick
2505 N. Wagner Road
Ann Arbor, MI 48103

\$ 100.00

\$ 100.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal **390.00**

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

Enter this total on
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Page.



ITEMIZED CONTRIBUTIONS

SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number C-2010-057
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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/4/2014</u> Name & Address: <u>Devoran Chick</u> <u>2327 Tall Oak Drive</u> <u>Ann Arbor, MI 48103</u>		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Physician</u> Employer <u>University of Michigan</u> Business Address <u>1500 E. Medical Ctr. Dr, Ann Arbor, MI 48109</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>9/4/2014</u> Name & Address: <u>Sarai Shoup</u> <u>720 Brooks St.</u> <u>Ann Arbor, MI 48103</u>		\$ <u>50.00</u>	\$ <u>50.00</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 # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/4/2014</u> Name & Address: <u>Debbie and Mike Tirico</u> <u>2320 Tall Oaks Dr.</u> <u>Ann Arbor, MI 48103</u>		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Sportscaster</u> Employer <u>ESPN</u> Business Address <u>ESPN Plaza, Bristol, CT 06010</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 # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/5/2014</u> Name & Address: <u>Jim Stead</u> <u>2433 Blueberry Lane</u> <u>Ann Arbor, MI 48103</u>		\$ <u>300.00</u>	\$ <u>405.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Sales</u> Employer <u>Kyocera Unimerco Tooling</u> Business Address <u>6620 State Road, Saline, MI 48176</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 750.00

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

Enter this total on
line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number C-2010-057
2. Committee Name Friends of Christine Stead

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 <u>all</u> 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>9/5/2014</u>	
Name & Address: <u>Adam Zemke</u> <u>2860 Gladstone Ave</u> <u>Ann Arbor, MI 48104</u>		<u>\$ 100.00</u>	<u>\$ 100.00</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 # 2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9/11/2014</u>	
Name & Address: <u>Mark Bishar</u> <u>PO Box 1362</u> <u>Ann Arbor, MI 48106</u>		<u>\$ 150.00</u>	<u>\$ 150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Manager</u> Employer <u>Big George's</u> Business Address <u>2023 W. Stadium Blvd, Ann Arbor, MI 48103</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>9/12/2014</u>	
Name & Address: <u>Deb Mexicotte</u> <u>2660 Yost Blvd.</u> <u>Ann Arbor, MI 48104</u>		<u>\$ 100.00</u>	<u>\$ 100.00</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>9/18/2014</u>	
Name & Address: <u>Brian Rosewarne</u> <u>680 Hampstead Ln.</u> <u>Ann Arbor, MI 48103</u>		<u>\$ 200.00</u>	<u>\$ 200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Consultant</u> Employer <u>Applecon</u> Business Address <u>617 E. Huron St., Ann Arbor, MI 48104</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 550.00

Grand Total of All Schedules 1A
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ITEMIZED CONTRIBUTIONS

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CANDIDATE COMMITTEE

1. Committee I.D. Number C-2010-057

2. Committee Name Friends of Christine Stead

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6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 9/19/2014

Name & Address:

Andy Thomas
1425 W. Stadium
Ann Arbor, MI 48103

\$400.00

\$400.00

5. If over \$100.00 cumulative, please provide:

Occupation Retired Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 9/26/2014

Name & Address

Tom Kussurelis
2742 Colony Rd.
Ann Arbor, MI 48104

\$200.00

\$200.00

5. If over \$100.00 cumulative, please provide:

Occupation Chief Officer Employer CorePointe Insurance Co.

[Click Here for Memo Itemization](#)

Business Address 401 S. Old Woodward Ave #300, Birmingham, MI 480

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 9/30/2014

Name & Address:

Nicole Brittis
2818 Walnut Ridge Dr.
Ann Arbor, MI 48103

\$75.00

\$75.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/3/2014

Name & Address

Susan Hutton
1102 Olivia Ave
Ann Arbor, MI 48104

\$30.00

\$30.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 705.00

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

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line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS

SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number C-2010-057

2. Committee Name Friends of Christine Stead

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 <u>all</u> 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>10/13/2014</u>	
Name & Address: <u>David Nacht</u> <u>2533 N. Wagner Rd.</u> <u>Ann Arbor, MI 48103</u>		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Lawyer</u> Employer <u>Nacht Law</u> Business Address <u>101 N. Main St. #555, Ann Arbor, MI 48104</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>10/15/2014</u>	
Name & Address: <u>Jane Wang</u> <u>2832 Whispering Woods Dr.</u> <u>Ann Arbor, MI 48103</u>		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Accountant</u> Employer <u>PSLZ, LLP, CPAs</u> Business Address <u>1034 W. Ann Arbor Trail, Plymouth, MI 48179</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>10/17/2014</u>	
Name & Address: <u>Irene Patalan</u> <u>5175 W. Liberty</u> <u>Ann Arbor, MI 48103</u>		\$ <u>20.00</u>	\$ <u>20</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 _____	
Name & Address: _____ _____ _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 420.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule) 3985.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number C-2010-057

2. Committee Name Friends of Christine Stead

CANDIDATE COMMITTEE

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: Christine Stead 2433 Blueberry Lane Ann Arbor, MI 48103 If over \$100.00 cumulative, please provide: Occupation: 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 <u>Filing Fee</u> 5. Date Of Receipt: <u>7/7/2014</u> 6. Vendor Name & Address: Washtenaw County Clerk/Register 200 N. Main St., Suite 120 Ann Arbor, MI 48104 Click Here for Memo Itemization	\$ <u>100.00</u>	\$ <u>100.00</u>
<input type="checkbox"/> Fund Raiser Contribution			
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Sudeep Chatterjee 1527 Packard St. Ann Arbor, MI 48104 If over \$100.00 cumulative, please provide: Occupation: <u>Consultant</u> Employer Name & Address: Youngsoft, Inc. 49197 Wixon Tech. Dr. Wixom, MI 48393	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input checked="" 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 <u>Web Design</u> 5. Date Of Receipt: <u>8/6/2014</u> 6. Vendor Name & Address: Private Design 1527 Packard St. Ann Arbor, MI 48104 Click Here for Memo Itemization	\$ <u>500.00</u>	\$ <u>500.00</u>
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Sudeep Chatterjee 1527 Packard St. Ann Arbor, MI 48104 If over \$100.00 cumulative, please provide: Occupation: <u>Consultant</u> Employer Name & Address: Youngsoft, Inc. 49197 Wixon Tech. Dr. Wixom, MI 48393	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input checked="" 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 <u>Print Creatives</u> 5. Date Of Receipt: <u>8/6/2014</u> 6. Vendor Name & Address: Private Design 1527 Packard St. Ann Arbor, MI 48104 Click Here for Memo Itemization	\$ <u>500.00</u>	\$ <u>1000.00</u>
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal **1100.00**

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

Enter this total
on line 6 of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number C-2010-057

CANDIDATE COMMITTEE

2. Committee Name Friends of Christine Stead

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)
<p>Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name & Address: Jim Stead 2433 Blueberry Lane Ann Arbor, MI 48103</p> <p>If over \$100.00 cumulative, please provide: Occupation: sales Employer Name & Business Address: Kyocera Unimerco Tooling, Inc. 6620 State Road Saline, MI 48176</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>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</p> <p>Description <u>Mailbox</u></p> <p>5. Date Of Receipt: <u>8/14/2014</u></p> <p>6. Vendor Name & Address: The UPS Store 2531 Jackson Ave Ann Arbor, MI 48103</p> <p>Click Here for Memo Itemization</p>	\$ 95.00	\$ 105.00
<p>Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name & Address: Christine Stead 2433 Blueberry Lane Ann Arbor, MI 48103</p> <p>If over \$100.00 cumulative, please provide: Occupation: Consultant Employer Name & Address: Blue Cottage Consulting 122 S. Main St. #350 Ann Arbor, MI 48104</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>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</p> <p>Description <u>Campaign Buttons</u></p> <p>5. Date Of Receipt: <u>9/2/2014</u></p> <p>6. Vendor Name & Address: Zazzle, Inc. 1185 Campbell Ave San Jose, CA 95126</p> <p>Click Here for Memo Itemization</p>	\$ 74.39	\$ 174.39
<p>Contribution #3 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name & Address: Jay Mullick 710 Green Rd Ann Arbor, MI 48105</p> <p>If over \$100.00 cumulative, please provide: Occupation: Manager Employer Name & Address: Melange Bistro 312 S. Main St. Ann Arbor, MI 48104</p> <p><input checked="" type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" 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</p> <p>Description <u>Fund Raising Event</u></p> <p>5. Date Of Receipt: <u>9/3/2014</u></p> <p>6. Vendor Name & Address: Melange Bistro 312 S. Main St. Ann Arbor, MI 48104</p> <p>Click Here for Memo Itemization</p>	\$ 1147.50	\$ 1147.50

Page Subtotal **1316.89**

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

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on line 6 of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number C-2010-057

CANDIDATE COMMITTEE

2. Committee Name Friends of Christine Stead

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: Jim Stead 2433 Blueberry Lane Ann Arbor, MI 48103 If over \$100.00 cumulative, please provide: Occupation: Sales Employer Name & Business Address: Kyocera Unimerco Tooling, Inc. 6620 State Road Saline, MI 48176 <input type="checkbox"/> Fund Raiser Contribution	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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Yard Signs</u> 5. Date Of Receipt: <u>9/17/2014</u> 6. Vendor Name & Address: Signsonthecheap.com 11525A Stonehallow Dr Suite 100 Austin, TX 78758 Click Here for Memo Itemization	\$ <u>1049.37</u>	\$ <u>1454.37</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Brad Angelini 1315 Beechwood Ann Arbor, MI 48103 If over \$100.00 cumulative, please provide: Occupation: Architect Employer Name & Address: Angelini & Associates Architects 113 E. Ann St Ann Arbor, MI 48104 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" 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 <u>Color Copies</u> 5. Date Of Receipt: <u>9/17/2014</u> 6. Vendor Name & Address: Click Here for Memo Itemization	\$ <u>150.00</u>	\$ <u>150.00</u>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution	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: Click Here for Memo Itemization	\$	\$

Page Subtotal **1199.37**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **3616.26**

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number C-2010-057
2. Committee Name Friends of Christine Stead

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name PayPal Address 2211 North First Street San Jose, California 95131 <input type="checkbox"/> Fund Raiser	Purpose: <u>Transaction Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/5/14</u> Date	<u>\$ 0.45</u>
Expenditure #2 Name PayPal Address 2211 North First Street San Jose, California 95131 <input type="checkbox"/> Fund Raiser	Purpose: <u>Transaction Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/5/14</u> Date	<u>\$ 0.45</u>
Expenditure #3 Name PayPal Address 2211 North First Street San Jose, California 95131 <input type="checkbox"/> Fund Raiser	Purpose: <u>Transaction Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/6/14</u> Date	<u>\$11.90</u>
Expenditure #4 Name PayPal Address 2211 North First Street San Jose, California 95131 <input type="checkbox"/> Fund Raiser	Purpose: <u>Transaction Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/10/14</u> Date	<u>\$ 1.75</u>
Expenditure #5 Name PayPal Address 2211 North First Street San Jose, California 95131 <input type="checkbox"/> Fund Raiser	Purpose: <u>Transaction Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/19/14</u> Date	<u>\$1.75</u>
Subtotal this page			16.30
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

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on line 8a of
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number C-2010-057
2. Committee Name Friends of Christine Stead

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name PayPal Address 2211 North First Street San Jose, California 95131 <input type="checkbox"/> Fund Raiser	Purpose: <u>Transaction Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/20/14</u> Date	<u>\$ 1.03</u>
Expenditure #2 Name PayPal Address 2211 North First Street San Jose, California 95131 <input type="checkbox"/> Fund Raiser	Purpose: <u>Transaction Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/3/14</u> Date	<u>\$ 3.20</u>
Expenditure #3 Name PayPal Address 2211 North First Street San Jose, California 95131 <input type="checkbox"/> Fund Raiser	Purpose: <u>Transaction Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/3/14</u> Date	<u>\$ 3.20</u>
Expenditure #4 Name PayPal Address 2211 North First Street San Jose, California 95131 <input type="checkbox"/> Fund Raiser	Purpose: <u>Transaction Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/3/14</u> Date	<u>\$ 1.75</u>
Expenditure #5 Name PayPal Address 2211 North First Street San Jose, California 95131 <input type="checkbox"/> Fund Raiser	Purpose: <u>Transaction Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/3/14</u> Date	<u>\$ 9.00</u>
Subtotal this page			18.18
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

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on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number C-2010-057
2. Committee Name Friends of Christine Stead

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Paypal Address 2211 N. First Street San Jose, CA 95131 <input type="checkbox"/> Fund Raiser	Purpose: <u>Transaction Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/4/14</u> Date	<u>\$ 3.20</u>
Expenditure #2 Name Paypal Address 2211 N. First Street San Jose, CA 95131 <input type="checkbox"/> Fund Raiser	Purpose: <u>Transaction Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/11/14</u> Date	<u>\$ 4.65</u>
Expenditure #3 Name Paypal Address 2211 N. First Street San Jose, CA 95131 <input type="checkbox"/> Fund Raiser	Purpose: <u>Transaction Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/12/14</u> Date	<u>\$ 3.20</u>
Expenditure #4 Name Paypal Address 2211 N. First Street San Jose, CA 95131 <input type="checkbox"/> Fund Raiser	Purpose: <u>Transaction Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/19/14</u> Date	<u>\$ 6.10</u>
Expenditure #5 Name Paypal Address 2211 N. First Street San Jose, CA 95131 <input type="checkbox"/> Fund Raiser	Purpose: <u>Transaction Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/19/14</u> Date	<u>\$ 11.90</u>
Subtotal this page			29.05
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

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on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number C-2010-057
2. Committee Name Friends of Christine Stead

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Paypal Address 2211 N. First Street San Jose, CA 95131 <input type="checkbox"/> Fund Raiser	Purpose: <u>Transaction Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/26/14</u> Date	<u>\$ 6.10</u>
Expenditure #2 Name Paypal Address 2211 N. First Street San Jose, CA 95131 <input type="checkbox"/> Fund Raiser	Purpose: <u>Transaction Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/30/14</u> Date	<u>\$ 2.48</u>
Expenditure #3 Name Paypal Address 2211 N. First Street San Jose, CA 95131 <input type="checkbox"/> Fund Raiser	Purpose: <u>Transaction Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/3/14</u> Date	<u>\$ 1.17</u>
Expenditure #4 Name MLive Media Group Address 3102 Walker Ridge Dr. NW Grand Rapids, MI 49544 <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertisement</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/8/14</u> Date	<u>\$ 449.00</u>
Expenditure #5 Name Jim Stead Address 2433 Blueberry Lane Ann Arbor, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>Loan Repayment</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/9/14</u> Date	<u>\$ 1049.37</u>

Subtotal this page **1508.12**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number C-2010-057
2. Committee Name Friends of Christine Stead

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Paypal Address 2211 N. First Street San Jose, CA 95131 <input type="checkbox"/> Fund Raiser	Purpose: <u>Transaction Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/13/14</u> Date	<u>\$ 6.10</u>
Expenditure #2 Name Ann Arbor Observer Address 2390 Winewood Ave Ann Arbor, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertisement</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/16/14</u> Date	<u>\$ 2351.60</u>
Expenditure #3 Name Paypal Address 2211 N. First Street San Jose, CA 95131 <input type="checkbox"/> Fund Raiser	Purpose: <u>Transaction Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/17/14</u> Date	<u>\$ 0.88</u>
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 **2358.58**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **3930.23**

Enter this total
on line 8a of
Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2010-057

2. Committee Name Friends of Christine Stead

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>9/3/2014</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>60</u>	5. Type of Fund Raising Activity <u>Reception</u>	6. Address and Name (If any) of the place where the activity was held. <u>Melange Bistro</u> <u>312 S. Main</u> <input type="checkbox"/> <u>Ann Arbor, MI 48104</u> <input type="checkbox"/> Private Residence
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7. Total Contributions 765.00

8. Other Receipts 0

9. Gross Receipts (Add lines 7 and 8) 765.00

10. Total Cost of Event 1147.50
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.