



**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.

3. This Statement covers: from <u>10/19/2014</u> to <u>11/24/2014</u>	
1. Committee I.D. Number C-2010-057	4. Candidate Last Name Stead First Name Christine M.I. M
2. Committee Name Friends of Christine Stead	4a. Office Sought Including District # or Community Served (If applicable) Board Member - Local
5. Committee's Mailing Address 2433 Blueberry Lane Ann Arbor, MI 48103	4b. County of Residence WASHTENAW
Area Code and Phone <u>(734) 717-2493</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 Jim Stead 2433 Blueberry Lane Ann Arbor, MI 48103
7. Treasurer's Business Address Kyocera Unimerco Tooling, Inc. 6620 State Road Saline, MI 48176	8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)
Area Code and Phone <u>(734) 730-5440</u>	Area Code & Phone <u>(734) 730-5440</u>
9. TYPE OF STATEMENT	
9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election	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.
Pre-Election or Post-Election Statement relates to:	Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.
<input type="checkbox"/> Primary	Effective date of dissolution _____
<input checked="" type="checkbox"/> General	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
<input type="checkbox"/> Convention	
<input type="checkbox"/> Special	
<input type="checkbox"/> School	
<input type="checkbox"/> Caucus	
Date of Election, Convention or Caucus <u>11/4/2014</u>	
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 Jim Stead	Date <u>11/2/2014</u>
Type or Print Name	Signature
Candidate Christine Stead	Date <u>11/2/2014</u>
Type or Print Name	Signature



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>500.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>500.00</u>	(18.) \$ <u>4485.00</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>500.00</u>	(20.) \$ <u>4485.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>391.81</u>	(21.) \$ <u>4008.07</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>0</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>0</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>154.87</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>500.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>654.87</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>0</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>654.87</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 <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>11/4/2014</u> Name & Address: <u>Shiela and Creg Carpenter</u> <u>3490 Hollow Dr.</u> <u>Ann Arbor, MI 48103</u>		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Surgeon</u> Employer <u>St. Joes Mercy Chelsea</u> Business Address <u>14800 E. Old US Highway 12, Chelsea, MI 48118</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 _____ 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	
3. Contribution # 3 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	
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 **500.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule) **500.00**

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

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

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? ☐ 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
6620 State Road
Saline, MI 48176

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☒ Goods or Services Purchased by Candidate or Others

☐ Goods or Services Purchased by Candidate or Others- LOAN

Description **Apron Bib**

5. Date Of Receipt: **10/23/2014**

6. Vendor Name & Address:

webrestaurantstore.com
www.webrestaurant.com

Click Here for Memo Itemization



\$ **161.48**

\$ **161.48**

☐ Fund Raiser Contribution

Contribution #2 PAC Receipt? ☐ Yes

Name & Address:

Christine Stead
2433 Blueberry Lane
Ann Arbor, MI 48103

If over \$100.00 cumulative, please provide:
Occupation: **Consultant**

Employer Name & Address:

Blue Cottage Consulting
122 S. Main Suite 350
Ann Arbor, MI 48108

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☒ Goods or Services Purchased by Candidate or Others

☐ Goods or Services Purchased by Candidate or Others- LOAN

Description **T-Shirt Transfer**

5. Date Of Receipt: **10/23/2014**

6. Vendor Name & Address:

Staples
2601 Jackson St
Ann Arbor, MI 48103

Click Here for Memo Itemization



\$ **130.33**

\$ **130.33**

☐ Fund Raiser Contribution

Contribution #3 PAC Receipt? ☐ Yes

Name & Address:

Jim Stead
2433 Blueberry Lane
Ann Arbor, MI 48103

If over \$100.00 cumulative, please provide:

Occupation: **Sales**

Employer Name & Address:

Kyocera Unimerco
6620 State Road
Saline, MI 48176

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☒ Goods or Services Purchased by Candidate or Others

☐ Goods or Services Purchased by Candidate or Others- LOAN

Description **Tacos**

5. Date Of Receipt: **11/4/2014**

6. Vendor Name & Address:

Chela's
693 S Maple Rd
Ann Arbor, MI 48103

Click Here for Memo Itemization



\$ **60.00**

\$ **221.48**

☐ Fund Raiser Contribution

Page Subtotal **351.81**

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

Enter this total
on line 6 of Summary
Page



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 <u>all</u> 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: Domenic Telemaco 2734 Newport Creek Ann Arbor, MI 48103 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: <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>Pizza</u> 5. Date Of Receipt: <u>11/4/2014</u> 6. Vendor Name & Address: NYPD 504 E. Williams St. Ann Arbor, MI 48104 Click Here for Memo Itemization	\$ <u>40.00</u>	\$ <u>40.00</u>
Contribution # 2 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	\$ _____	\$ _____
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 **40.00**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **391.81**

Enter this total
on line 6 of Summary
Page