CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

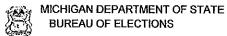
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and c	l signed by andidate.	3. This Statement covers:	_m 10/19/2014 _{to} 11/24/2014				
1. Committee I.D. Number		4. Candidate Last Name	First Name M.I.				
C-2010-057		Stead	Christine M				
		4a. Office Sought Including Dis	strict # or Community Served (If applicable)				
2. Committee Name		Board Member - Local					
Friends of Christine Stead		4b. County of Residence WA					
5. Committee's Mailing Address 2433 Blueberry Lane		6. Treasurer's Name & Residential Address Jim Stead					
Ann Arbor, MI 48103		2433 Blueberry Lane					
		Ann Arbor, MI 48103					
Area Code and Phone							
If the address in this box is different from the committee Imailing address on the Statement of Organization, mail may		Area Code & Phone (734) 730-5440					
be sent to this address by the filing official.		7.104.0040.111010					
7. Treasurer's Business Address Kyocera Unimerco Tooling, Inc.		B. Designated Record Keeper Designated Record Keeper)	's Name and Mailing Address (If the committee has a				
6620 State Road							
Saline, MI 48176							
Area Code and Phone (734) 730-5440		Area Code and Phone					
9. TYPE OF STATEMENT		Alea Code and Filone	9e.				
9a. Pre-Election OR 9b. Post-Election	Required ON is not on the current year:		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 outstanding assets,				
Primary	July Quart	erly	owes no lates fees or has any outstanding debt.				
ズ General	October Q	uarterly	Further, if the dissolution cannot be granted, that this be				
Convention			considered a request for the Reporting Waiver.				
Special	9с. Даппиа	l Statement ()					
School		Coverage Year	Effective date of dissolution				
☐Caucus		dment to Campaign Statement					
	indica	plete Item 9a, 9b, 9c or 9e to te which Statement is being	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.				
	amend	led.)	ochedule 15 and the outsinary rage.				
Date of Election, Convention or Caucus							
11/4/2014							
Verification: I\We certify that all reasonable dilige	nce was used	in the preparation of this stateme	ent and attached schedules (if any) and to the best of				
my\our knowledge and belief the contents are true,	accurate and co	omplete.					
Current Treasurer or Designated Record Keeper Jim Stead			11/2/2014				
Type or Print Name		Signature	Date				
Candidate Christine Stead		e11. 1	<i>L</i> 1				
Calididate		1 llle La	Date11/2/2014				
Type or Print Name		Signature					

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

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Friends of Christine Stead

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		4,4.4
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 500.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 500.00	(18.) \$ 4485.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 0	(19.) \$ 0
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 500.00	(20.) \$ 4485.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 391.81	(21.) \$ 4008.07
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0	(22.) \$ 0
EXPENDITURES		
8. Expenditures	•	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 0	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 0	(23.) \$3930.23
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$ <u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule) 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(10b.) \$ 0	
(Add Line 10a + Line 10b) DEBTS AND OBLIGATIONS	(11.) \$ 0	(24.) \$ 0
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0	
	BALANCE STATEMENT	
Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ 154.87	_
14. Amount received during reporting period	(14.) + \$ <u>50</u> 0.00	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>654.87</u>	
16. Amount expended during reporting period	(16.) - \$ 0	-
(Add lines 9 and 11) 17. ENDING BALANCE	054.07	_
(Subtract line 16 from line 15)	(17.) \$ 654.87	*

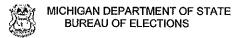


ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

2. Committee Name Friends of Christine Stead

middle initial. Check bo Committee (PAC) Repor	to indicate if cort a <u>ll</u> contributions	ne er er er er er er er en en en er en er en er en er en er en er er en er en er en	ouai, e Commil	tee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Shiela and Creg 3490 Hollow Dr.	PAC Receipt? Carpenter	YES 4. Date of	Receip	11/4/2014		
Ann Arbor, MI 48	103				_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 cumu Occupation Surgeon		Employer St. Joes			Click Here f	or Memo Itemization 💸
	7	S Highway 12, Che	elsea			
Type of Contribution: 3. Contribution #2 Name & Address	Direct PAC Receipt?	Loan from a person YES 4. Date of	Receip	Fund Raiser	<u> </u>	
					\$	\$
5. If over \$100.00 cumu	ative, please pr	ovide:			Click Here fo	or Memo Itemization 💝
Occupation	· · · · · · · · · · · · · · · · · · ·	Employer			-	
Business Address				·		
Type of Contribution:	Direct	Loan from a person		Fund Raiser	_	
3. Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Date of	Recei	<u></u>	•	
					\$	\$
5. If over \$100.00 cumu	ative, piease pr	ovide:			Click Here fo	r Memo Itemization 🕝
Occupation	······································	Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
Contribution # 4 Name & Address	PAC Receipt?	YES 4. Date of	Recei			
					\$	\$
5. If over \$100.00 cumu	ative, please pr	ovide:			Click Hara for	Mome Itemization @
Occupation		Employer			Click Here to	Memo Itemization 🗞
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
				Page Subtotal	500.00	
		(0		nd Total of All Schedules 1A ete on last page of Schedule)	500.00	
Page 1 of 1			٠	- ,	Enter this total on line 3a of Summary Page.	



ITEMIZED IN-KIND CONTRIBUTIONS

1 Committee LD Number C-2010-057

SCHEDULE 1-IK						
CANDIDATE COMM	ITTEE 2. Committee Name Friends of Chi	ristine	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 Receipt6. Name & Address of Vendor from whom goods or services purchased	were	7. Amount or Fair Market Value	8. Cumu for Electi Cycle (T date in It	ion hrough	
Sales Employer Name & Business Address: Kyocera Unimerco 6620 State Road	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-Lubescription Apron Bib 5. Date Of Receipt: 10/23/2014 6. Vendor Name & Address: Webrestaurantstore.com www.webrestaurant.com	OAN	61.48 K Here for Memo I	\$ 161.48	0	
Fund Raiser Contribution Contribution # 2 PAC Receipt? Yes Name & Address Christine Stead 2433 Blueberry Lane Ann Arbor, MI 48103	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-L Description T-Shirt Transfer		0.33	130.33		
Ann Arbor, MI 48108	5. Date Of Receipt: 10/23/2014 6. Vendor Name & Address: Staples 2601 Jackson St Ann Arbor, MI 48103	Click	र Here for Memo I	temization	0	
Contribution #3 PAC Receipt? Yes Name & Address: im Stead 433 Blueberry Lane nn Arbor, MI 48103 If over \$100.00 cumulative, please provide:	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-Loanes Tacos	\$ <u>60.(</u>	900	221.48		
Occupation: Sales Employer Name & Address: (Yocera Unimerco 6620 State Road	Description Tacos 5. Date Of Receipt: 11/4/2014 6. Vendor Name & Address: Chela's 693 S Maple Rd Ann Arbor, MI 48103	Click	k Here for Memo I	temizatìon		
	Page Si Grand Total of all Schedul		351.81			

Enter this total on line 6 of Summary Page

(Complete on last page of Schedule)

Page 1 of 2



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-II			
CANDIDATE COMM	AITTEE 2. Committee Name Friends of Christ	tine 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 Receipt6. Name & Address of Vendor from whom goods or services well purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: Domenic Telemaco 1734 Newport Creek	4.	\$ 40.00	\$ 40.00
Ann Arbor, MI 48103 If over \$100.00 cumulative, please provide: Occupation:	Goods or Services Purchased by Candidate or Others- LOAI Description Pizza	N	
Employer Name & Business Address: Fund Raiser Contribution	5. Date Of Receipt: 11/4/2014 6. Vendor Name & Address: NYPD 504 E. Williams St. Ann Arbor, MI 48104	Click Here for Memo	Itemization 🕥
Contribution # 2 PAC Receipt? Yes Name & Address	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-LOA	5	\$
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description 5. Date Of Receipt: 6. Vendor Name & Address:	_ Click Here for Memo	Itemization 🕡
Fund Raiser Contribution			
Contribution #3 PAC Receipt? Yes Name & Address:	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	····	
if over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description 5. Date Of Receipt: 6. Vendor Name & Address:	- Click Here for Memo	Itemization 🗳
Fund Raiser Contribution		·····	T
	Page Subto	40.00	

Enter this total on line 6 of Summary Page

391.81

Grand Total of all Schedules 1-IK

(Complete on last page of Schedule)

Page 2 of 2