



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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 <div style="font-size: 1.2em; font-family: cursive;">C-2010-057</div>		3. This Statement covers From: <u>10/7/2010</u> to <u>10/19/2014</u>	
2. Committee Name <div style="font-size: 1.2em; font-family: cursive;">Friends of Christine Stead</div>		4. Candidate Last Name <u>Stead</u> First Name <u>Christine</u> M.I. <u>M</u> 4a. Office Sought Including District # or Community Served (If applicable) <div style="font-size: 1.2em; font-family: cursive;">Board Member - Local</div> 4b. County of Residence <u>Washtenaw</u>	
5. Committee's Mailing Address <div style="font-size: 1.2em; font-family: cursive;">2531 Jackson Ave #131 Ann Arbor, MI 48103</div> Area Code and Phone <u>(734) 666-22-8000</u> <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 <div style="font-size: 1.2em; font-family: cursive;">Jim Stead 2433 Blueberry Lane Ann Arbor, MI 48103</div> Area Code & Phone <u>(734) 730-5440</u>	
7. Treasurer's Business Address <div style="font-size: 1.2em; font-family: cursive;">Kycene Chimureco Tooling, Inc. 1620 State Rd Saline, MI 48176</div> Area Code and Phone <u>(734) 944-4433</u>		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) <div style="text-align: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">FILED</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">WASHTENAW COUNTY, MI</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">OCT 24 P 12:03</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">LAWRENCE KESTENBAUM COUNTY CLERK/REGISTER</div> </div>	
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 <div style="font-size: 1.2em; font-family: cursive;">11/4/2014</div>		Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement () Coverage Year 9d. <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) 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> Signature	
Candidate <u>Christine Stead</u> Type or Print Name		<u>[Signature]</u> Signature	
Date <u>10/24/18</u>		Date <u>10/24/18</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Friends of Christine Stead

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>3849.97</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>99.38</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>3949.35</u>	(23.) \$ <u>3949.35</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>3949.35</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>135.75</u>	*



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>MLive Media Group</u> Address <u>3102 Walker Ridge Dr. NW</u> <u>Grand Rapids, MI 49544</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Ad</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 -</u>
Expenditure #2 Name <u>Jim Staal</u> Address <u>2433 Blueberry Lane</u> <u>Ann Arbor, MI 48103</u> <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>1049.57</u>
Expenditure #3 Name <u>Ann Arbor Observer</u> Address <u>2390 Winewood Ave</u> <u>Ann Arbor, MI 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Ad</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/10/14</u> Date	\$ <u>2351.60</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 **3849 97**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **3849 97**

Enter this total
on line 8a of
Summary Page