



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 379		3. This Statement covers From: <u>10/21/17</u> to <u>11/27/17</u>	
2. Committee Name COMMITTEE TO ELECT SCOTT KINCAID MAYOR		4. Candidate Last Name KINCAID First Name WILLIAM M.I. S 4a. Office Sought Including District # or Community Served (If applicable) MAYOR, CITY OF FLINT 4b. County of Residence GENESEE	
5. Committee's Mailing Address 349 BEDE ST FLINT MI 48507 Area Code and Phone <u>(810) 742-4375</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 JOSHUA M FREEMAN 8275 FAULKNER DR DAVISON MI 48423 Area Code & Phone <u>(810) 397-3797</u>	
7. Treasurer's Business Address 1101 BEACH ST RM 312 FLINT MI 48502 Area Code and Phone <u>(810) 762-7762</u>		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. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" 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 type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus <u>11/07/17</u>		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 type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	
		9e. Dissolution of Candidate Committee <input checked="" 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 <u>12/01/17</u> 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>Joshua M. Freeman</u> Type or Print Name		<u>Joshua M. Freeman</u> Signature	
Candidate <u>WILLIAM SCOTT KINCAID Mayor, Scott Kincaid</u> Type or Print Name		<u>12-5-17</u> Date	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 379

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name COMMITTEE TO ELECT SCOTT KINCAID MAYOR

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>30,202.96</u> ✓	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$30,202.96</u> ✓	(18.) \$ <u>\$108,597.96</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>\$30,202.96</u> ✓	(20.) \$ <u>\$108,597.96</u> ✓
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$0.00</u>	(21.) \$ <u>\$1,879.84</u> ✓
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$98,734.35</u> ✓	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>\$0.00</u>	
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>\$98,734.35</u> ✓	(23.) \$ <u>\$108,597.96</u> ✓
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>\$0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>\$0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>\$0.00</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$68,531.39</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$30,202.96</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$98,734.35</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$98,734.35</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$0.00</u> *	



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 379 *Scott Kuciw*
2. Committee Name Committee To Elect John Smith

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>10/22/17</u> Name & Address: MARK OBRIEN 8152 ROSE LANE GOODRICH MI 48438		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> 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>10/22/17</u> Name & Address: MICHELLE KOZLOWSKI 4600 SHIFMAN RD GOODRICH MI 48438		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>SAME</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>10/20/17</u> Name & Address: PENNEY NIESTUCHOWSKI 5170 PLEASANT DR FLUSHING MI 48433		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer _____ Business Address <u>SAME</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>10/22/17</u> Name & Address: VINCENT PEEK 9138 WOODBRIDGE DAVISON MI 48423		\$ <u>2000.00</u>	\$ <u>2000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>PEEK ASSOCIATE</u> Business Address <u>SAME</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 \$3,500.00

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 379

2. Committee Name COMMITTEE TO ELECT SCOTT KINCAID MAYOR

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 10/22/17

Name & Address:

ALFRED ZETOUNA
7058 WHITE TAIL DR
GRAND BLANC MI 48439

\$ 1000.00

\$ 1000.00

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

Occupation CEO Employer SELF

[Click Here for Memo Itemization](#)

Business Address SAME

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/17

Name & Address:

RICHARD JOHNSON
2152 PAINTED POST
FLUSHING MI 48433

\$ 1000.00

\$ 1000.00

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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/17

Name & Address:

TODD METZGER
4600 SHIFMAN RD
GOODRICH MI 48438

\$ 2000.00

\$ 2000.00

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

Occupation CEO Employer SELF

[Click Here for Memo Itemization](#)

Business Address SAME

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/22/17

Name & Address:

ELIZABETH HOLLOWAY
PO BOX 7118
FLINT MI 48507

\$ 2000.00

\$ 2000.00

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

Occupation CEO Employer SELF

[Click Here for Memo Itemization](#)

Business Address SAME

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

Page Subtotal \$6,000.00

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



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 379

Scott Kucinski

2. Committee Name Committee To Elect John Smith

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>10/22/17</u>	
Name & Address: RONALD DICICCO 444 CHALFONTE GROSSE POINTE FARMS MI 48236		\$ <u>1000.00</u>	\$ <u>1000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____		Click Here for Memo Itemization <input type="button" value="v"/>	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/22/17</u>	
Name & Address: FLINT AUTO RECYCLING 2308 TORONTO ST FLINT MI 48507		\$ <u>1000.00</u>	\$ <u>1000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>FLINT AUTO RECYCLING</u>		Click Here for Memo Itemization <input type="button" value="v"/>	
Business Address <u>SAME</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>10/22/17</u>	
Name & Address: IUPAT PAC 7234 PARKWAY DR HANOVER MD 21076		\$ <u>1000.00</u>	\$ <u>1000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization <input type="button" value="v"/>	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
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 _____		Click Here for Memo Itemization <input type="button" value="v"/>	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal \$3,000.00

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 379
2. Committee Name COMMITTEE TO ELECT SCOTT KINCAID MAYOR

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>11/01/17</u> Name & Address: KYLE RIEM 11555 KINGS KNIGHT CIR GRAND BLANC MI 48439		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SAME</u> Business Address <u>8137 EMBURY RD GRAND BLANC MI 48439</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>11/01/17</u> Name & Address: DERRICK ALDRIDGE 1101 CARTER DR FLINT MI 48532		\$ <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 # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/03/17</u> Name & Address: DEAN YEOTIS 2031 OXFORD LN FLINT MI 48503		\$ <u>250.00</u>	\$ <u>380.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>611 W COURT FLINT MI 48502</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>10/30/17</u> Name & Address: DALE WEIGHILL 1127 RANFIELD LN FLINT MI 48532		\$ <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	

Page Subtotal **\$700.00**

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 379
2. Committee Name COMMITTEE TO ELECT SCOTT KINCAID MAYOR

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>11/06/17</u> Name & Address: BEVERLY GRIFFEA 1520 E 2ND ST FLINT MI 48503		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>MOTT COLLEGE</u> Business Address <u>SAME</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 <input type="button" value=""/>	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/30/17</u> Name & Address: JAMES PATTON 3401 N DORT HWY FLINT MI 48506		\$ <u>500.00</u>	\$ <u>800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SELF</u> Business Address <u>3401 N DORT HWY FLINT MI 48506</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 <input type="button" value=""/>	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/30/17</u> Name & Address: RHINA GRIFFEL 2106 PIERCE ST FLINT MI 48503		\$ <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 <input type="button" value=""/>	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/30/17</u> Name & Address: THOMAS TOWNSEND 12483 MARGARET DR FENTON MI 48430		\$ <u>1000.00</u>	\$ <u>1000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF</u> Employer <u>TOWNSEND MORGAN</u> Business Address <u>8235 HOLLY RD GRAND BLANC MI 48439</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value=""/>	

Page Subtotal **\$1,775.00**

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 379

2. Committee Name COMMITTEE TO ELECT SCOTT KINCAID MAYOR

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>10/26/17</u> Name & Address: TAFT & TAFT DDS PLC 2222 S LINDEN RD FLINT MI 48532		\$ <u>500.00</u>	\$ <u>500.00</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>10/31/17</u> Name & Address: PIFER CARTS 8341 E HOLLY RD HOLLY MI 48442		\$ <u>500.00</u>	\$ <u>500.00</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>10/31/17</u> Name & Address: REV. REGINALD LANCASTER 1214 BLANCARD AVE FLINT MI 48503		\$ <u>100.00</u>	\$ <u>100.00</u>
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 <u>10/21/17</u> Name & Address: CLIFFORD HARVEY 2084 HASLER LAKE RD LAPEER MI 48446		\$ <u>2000.00</u>	\$ <u>2000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> 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 **\$3,100.00**

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 379
2. Committee Name COMMITTEE TO ELECT SCOTT KINCAID MAYOR

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>10/21/17</u> Name & Address: DAVID CULVER 9253 NASHUA TRAIL FLUSHING MI 48433		\$ <u>2000.00</u>	\$ <u>2000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> 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 <input type="button" value="v"/>	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/21/17</u> Name & Address: 2424 KANSAS LLC 300 SLEEPY HOLW ORTONVILLE MI 48462		\$ <u>2000.00</u>	\$ <u>2000.00</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 <input type="button" value="v"/>	
3. Contribution # 3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10/21/17</u> Name & Address: PLUMBERS & PIPEFITTERS LOCAL 333 PAC 5405 S MLK BLVD LANSING MI 48911		\$ <u>2500.00</u>	\$ <u>2500.00</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 <input type="button" value="v"/>	
3. Contribution # 4 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10/21/17</u> Name & Address: PLUMBERS LOCAL 98 STATE PAC FUND 555 HORACE BROWN DR MADISON HEIGHTS MI 48071		\$ <u>1000.00</u>	\$ <u>1000.00</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 <input type="button" value="v"/>	

Page Subtotal \$7,500.00

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

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Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 379
2. Committee Name COMMITTEE TO ELECT SCOTT KINCAID MAYOR

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 10/21/17
Name & Address:
PIPEFITTERS 636 PAC
30100 NORTHWESTER HWY
FARMINGTON HILLS MI 48334

\$ 2000.

\$ 2000.00

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 #2 PAC Receipt? ☒ YES 4. Date of Receipt 10/21/17
Name & Address:
PLUMBERS AND STEAMFITTERS 85 PAC

\$ 2500.00

\$ 2500.00

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 11/27/17
Name & Address:
WILLIAM S KINCAID
349 BEDE ST
FLINT MI 48507

\$ 127.96

\$ 3877.96

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

Occupation REP Employer UAW

Business Address 1940 E ATHERTON RD FLINT MI 48507

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

Click Here for Memo Itemization

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt _____
Name & Address _____

\$ _____

\$ _____

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 \$4,627.96

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

\$30,202.96

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number **379**
2. Committee Name **COMMITTEE TO ELECT SCOTT KINCAID MAYOR**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CHANGE MEDIA GROUP Address 1000 S WASHINGTON AVE LANSING MI 48910 <input type="checkbox"/> Fund Raiser	Purpose: DIGITAL/MAIL SERICE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/03/17 Date	\$ 26,445.67
Expenditure #2 Name CHANGE MEDIA GROUP Address 1000 S WASHINGTON AVE LANSING MI 48910 <input type="checkbox"/> Fund Raiser	Purpose: CONSULTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/24/17 Date	\$ 27,086.73
Expenditure #3 Name CHANGE MEDIA GROUP Address 1000 S WASHINGTON AVE LANSING MI 48910 <input type="checkbox"/> Fund Raiser	Purpose: CONSULTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/26/17 Date	\$ 27,086.73
Expenditure #4 Name TODD COOK Address 530 W IONIA LANSING MI 48933 <input type="checkbox"/> Fund Raiser	Purpose: CONSULTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/27/17 Date	\$ 6,250.00
Expenditure #5 Name CASTLE & ASSOCIATES Address 6061 E LAKE RD HASLETT MI 48840 <input type="checkbox"/> Fund Raiser	Purpose: CONSULTING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/27/17 Date	\$ 10,000.00

Subtotal this page **\$96,869.13**

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 379
2. Committee Name COMMITTEE TO ELECT SCOTT KINCAID FOR MAYOR

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>WFLT</u> Address <u>317 S AVERILL</u> <u>FLINT MI 48507</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>RADIO</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/06/17</u> Date	\$ <u>200.00</u>
Expenditure #2 Name <u>COMMERCIAL GRAPHICS</u> Address <u>1453 WALLI STRASSE DR</u> <u>BURTON MI 48509</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/20/17</u> Date	\$ <u>1665.22</u>
Expenditure #3 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 #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 **\$1,865.22**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$98,734.35**

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 379
2. Committee Name COMMITTEE TO ELECT SCOTT KINCAID MAYOR

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: WILLIAM S KINCAID 349 BEDE FLINT MI 48507	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>09/29/17</u> 6. <u>Original Amount of Debt:</u> \$ <u>3,750.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>3,750.00</u> <input checked="" type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: WILLIAM S KINCAID 349 BEDE FLINT MI 48507	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>11/27/17</u> 6. <u>Original Amount of Debt:</u> \$ <u>127.96</u>	\$ \$ \$ \$ \$	\$	\$ <u>127.96</u> <input checked="" type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

\$0.00

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

\$0.00

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.