

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

X

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

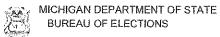
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and c	d signed by	3. This Statement cover	ers From:				*******	
	andidate.			10/21/17		/27/17		
1. Committee I.D. Number		4. Candidate Last Nar	ime		First Name		M.I.	
379		KINCAID	10 mg 11		LIAM		S	
2. Committee Name		4a. Office Sought Include MAYOR, CITY OF			unity Served (ff	applicable	e)	*
COMMITTEE TO ELECT SCOTT KINCAID M	IAYOR							, and a second
		4b. County of Residence			[*]			
5. Committee's Mailing Address 349 BEDE ST		6. Treasurer's Name & JOSHUA M FRI						
FLINT MI 48507		8275 FAULKNE						
		DAVISON MI 48						
Area Code and Phone (810) 742-4375								
If the address in this box is different from the comm					ý.	grange Si		
mailing address on the Statement of Organization, be sent to this address by the filing official.	mail may	Area Code & Phone (8	810) 39	7-3797		Branco Services	e gw.	
7. Treasurer's Business Address		8. Designated Record I	keeper's	Name and Ma	iling Address (If	the comm	nittee has a	
1101 BEACH ST RM 312		Designated Record kee	eper)			1	agregorisă V	
FLINT MI 48502						CI	Carlo Control	
		The state of the s				U	cistatic Pag	
		Seminal Administration				geographic N A	\$ 5.7	
						Ü		
Area Code and Phone (810) 762-7762		Aron Code and Dhone			75-24 11-24 11-24 11-24	Thorself (III)		
9. TYPE OF STATEMENT		Area Code and Phone		9e. Dissolutio	on of Candidate	2 Commit	tee	
9a. Pre-Election OR 9b. Post-Election	is not on the		-	⊠By checkir	ng this item I/We	e certify an	ıv outstandine	g debt
Pre-Election or Post-Election Statement relates to:	current year:			by discharged	ee to the candid and forgiven, an	d no longe	er collectible f	From:
⊠ Primary	July Quart	erly	1 1	the committee.	The committee fees or has any	has no oi	ustanding ass	ets,
General	October Q	luarterly	r	Further if the d	lissolution canno	of his amount	ad that this b	•
Convention			ć	considered a re	equest for the Re	eporting W	aiver.	ю
Special	9c. 📺 .							
School	Annua	Statement () Coverage Yea	ar	Effec	ctive date of diss	olutian		
Services	9d. Amen	dment to Campaign State			12/01/17			
Caucus	(Comp	olete Item 9a, 9b, 9c or 9a te which Statement is bei	e to ina	Note: The disp Schedule 1B a	osition of residu nd the Summar	al funds m / Page.	oust be report	ed on
Date of Election, Convention or Caucus								
11/07/17								
10. Verification: I\We certify that all reasonable dilige my\our knowledge and belief the contents are true, ε	ence was used i accurate and co	in the preparation of this s implete.	statemer	nt and attached	d schedules (if a	ny) and to	the best of	
Current Treasurer or	Sections							
Designated Record keeper <u>USKUAM</u>	HTCU	m folly		MMM	Date	12:	5-67	
Type or Print Name		Signature '	1 7				7	
Candidate WIXXIAIY SCOTT /	KINGAI	P War. See	at 1	Mine	Date	12 - 1	-17	
Type or Print Name		Signature		,	WEIOU	***************************************	ь	-

1. Committee I.D. Number 379

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name COMMITTEE TO ELECT SCOTT KINCAID MAYOR

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		Community has election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 30,202.96	E de Constantina de C
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$_\$30,202.96	(18.) \$ \$108,597.96
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$0.00	(19.)\$ \$0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$30,202.96	(20.) \$ \$108,597.96
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$0.00	(21.) \$ \$1,879.84
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ \$0.00	(22.) \$ \$0.00
EXPENDITURES		Marie Balanda
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$98,734.35 V	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ \$0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$98,734.35	(23.) \$ \$108,597.96
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ \$0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.)\$ \$0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ \$0.00	(24.) \$ \$0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ \$0.00	
b. Owed to the Committee (Schedule 1E)	(12b.)\$ \$0.00	
	BALANCE STATEMENT	
Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) § \$68,531.39	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ \$30,202.96	
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.) - \$ \$98,734.35	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$0.00	,



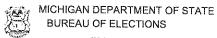
1. Committee I.D. Number 379

Seath Kinchal

CANDIDATE COMMITTEE

2. 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? YES 4. Date of Receipt 10/22/17 Name & Address: MARK OBRIEN 8152 ROSE LANE GOODRICH MI 48438	_s 500.00	° 500.00
	\$	\$
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer	Click Here for	or Memo Itemization
Business Address		
Type of Contribution: V Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/22/17 Name & Address		
MICHELLE KOZLOWSKI 4600 SHIFMAN RD GOODRICH MI 48438	_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation ATTORNEY Employer SELF		
Business Address SAME		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/20/17 Name & Address:		ny taona no amin'ny divondrona dia ny kaominina mpikambana ny kaominina dia kaominina dia kaominina mpikambana
PENNEY NIESTUCHOWSKI 5170 PLEASANT DR FLUSHING MI 48433	§ 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation OWNER Employer		To your thinocourse
Business Address SAME		
Type of Contribution: Direct Loan from a person Fund Raiser	VILLEY Z JAKES (4 ANNO 1990) NA SANO (1990) ANNO 1990 ANNO 1990 ANNO 1990 ANNO 1990 ANNO 1990 ANNO 1990 ANNO 1	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10/22/17 Name & Address		
VINCENT PEEK 9138 WOODBRIDGE DAVISON MI 48423	_{\$} 2000.00	_{\$_} 2000.00
5. If over \$100.00 cumulative, please provide:	Click Horo for	Memo Itemization
Occupation OWNER PEEK ASSOCIATE	Click Here for	Metrio (feltii/alio))
Business Address SAME		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	\$3,500.00	
Grand Total of All Schedules 1A		Company of the Compan
(Complete on last page of Schedule) ¹ Page of	Enter this total on line 3a of Summary Page.	J

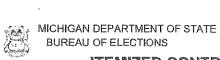


1. Committee I.D. Number 379

CANDIDATE COMMITTEE

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	ent Elec Con	cumulative for otion Cycle for Each tributor (Through of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 10/22/17 Name & Address: ALFRED ZETOUNA 7058 WHITE TAIL DR	4000	4.0.00
GRAND BLANC MI 48439	_{\$_} 1000.00	1000.00
5. If over \$100.00 cumulative, please provide:	Click Here for Mer	ma Itamization
Occupation CEO Employer SELF	OUCK HELE TO IME	no 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	_{\$} 1000.00	1000.00
FLUSHING MI 48433	4	
5. If over \$100.00 cumulative, please provide:	Click Here for Men	no Itemization
Occupation RETIRED Employer	·	
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		About the second Additional Management and Second Sec
TODD METZGER	0000 00	
4600 SHIFMAN RD GOODRICH MI 48438	\$ 2000.00 \$ 2	2000.00
	Click Here for Mem	o Itaminatian
5. If over \$100.00 cumulative, please provide:	Click fiele for Meth	o itemization
Occupation CEO Employer SELF		
Business Address SAME Type of Contribution: Direct Loan from a person Fund Raiser		
Pulla Raisei	innamassasidelepotetupidas Polisidropusususasiainin pilpoteis plantas enimetet ja ja kasaisia kalendasia kalendasia kasaisia kalendasia kalenda	886
Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/22/17 lame & Address ELIZABETH HOLLOWAY		
PO BOX 7118	0000.00	
FLINT MI 48507	_{\$} 2000.00	2000.00
5. If over \$100.00 cumulative, please provide:		
Occupation CEO Employer SELF	Click Here for Memo	o Itemization
Business Address SAME		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page	Subtotal \$6,000.00	And the second s
Grand Total of All Sched	ules 1A	
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Page 2 of 8	line 3a of Summary Page.	

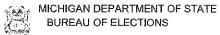


1. Committee I.D. Number __379

CANDIDATE COMMITTEE

2. 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? YES 4. Date of Receipt 10/22/17 Name & Address: RONALD DICICCO 444 CHALFONTE		
GROSSE POINTE FARMS MI 48236	_{\$} 1000.00	_{\$} 1000.00
5. If over \$100.00 cumulative, please provide:	Clink Liona fo	. D. 6
Occupation RETIRED Employer	Click Here to	r Memo Itemization
Business Address		
Type of Contribution: V Direct Loan from a person Fund Raiser	T MODEL M PROPERTY AND A STATE OF THE STATE	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/22/17 Name & Address		
FLINT AUTO RECYCLING 2308 TORONTO ST FLINT MI 48507	\$	_s _1000.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	Memo Itemization
OccupationEmployer FLINT AUTO RECYCLING		
Business Address SAME		
Type of Contribution: Direct Loan from a person Fund Raiser		1
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/22/17	14 Sec.	
Name & Address:		War may a share a shar
7234 PARKWAY DR	_{\$} 1000.00	_{\$} 1000.00
HANOVER MD 21076		3
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization -
Occupation Employer		- T
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt		
Name of Addition		**************************************
		Propert Lancau
	<u>\$</u>	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	\$3,000.00	
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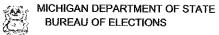
CANDIDATE COMMITTEE

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 individum idele initial. Check box to indicate if contribution is from a Political Contribution (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 Rename & Address: KYLE RIEM 11555 KINGS KNIGHT CIR	eceipt 11/01/17		
GRAND BLANC MI 48439		_s 250.00	_s 250.00
5. If over \$100.00 cumulative, please provide:			* *
Occupation ATTORNEY Employer SAME		Click Here to	r Memo Itemization
Business Address 8137 EMBURY RD GRAND BLANC	C MI 48439		
Type of Contribution: V Direct Loan from a person	Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Rename & Address	ceipt 11/01/17		
DERRICK ALDRIDGE 1101 CARTER DR FLINT MI 48532		_{\$} 100.00	_{s_} 100.00
5. If over \$100.00 cumulative, please provide:		Click Here for	r Memo Itemization
Occupation Employer			
Business Address	AND THE RESERVE THE PARTY OF TH		
Type of Contribution: Direct Loan from a person	Fund Raiser		
Contribution # 3 PAC Receipt? YES 4. Date of Rename & Address:	eceipt 11/03/17		, and it is the many department of the many section of the many se
DEAN YEOTIS 2031 OXFORD LN FLINT MI 48503		\$250.00	_{\$} 380.00
5. If over \$100.00 cumulative, please provide:		Click Here for	Memo Itemization
Occupation ATTORNEY Employer SELF			
Business Address 611 W COURT FLINT MI 48502			
Type of Contribution: Direct Loan from a person	Fund Raiser		
Name & Address	eceipt 10/30/17	A CONTRACTOR OF THE PROPERTY O	
DALE WEIGHILL 1127 RANFIELD LN FLINT MI 48532		§ 100.00	_{s_} 100.00
5. If over \$100.00 cumulative, please provide:		Clink Horn for	Memo Itemization
Occupation Employer		Cuck Liele in	wemo temzation
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
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Page 4 of 8		Enter this total on line 3a of Summary Page.	



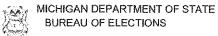
CANDIDATE COMMITTEE

1. Committee I.D. Number __

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COMMITTEE TO ELECT SCOTT KINCAID MAYOR 2. Committee Name

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? YES 4. Date of Receipt 11/06/17 Name & Address: BEVERLY GRIFFEA 1520 E 2ND ST FLINT MI 48503	_s 250.00	, 250.00
5. If over \$100.00 cumulative, please provide: Occupation PRESIDENT Employer MOTT COLLEGE	Click Here fo	r 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 10/30/17 Name & Address		
JAMES PATTON 3401 N DORT HWY FLINT MI 48506	_{\$} 500.00	§ 800.00
5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer SELF	Click Here for	Memo Itemization
Business Address 3401 N DORT HWY FLINT MI 48506		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/30/17 Name & Address: RHINA GRIFFEL	25.00	0 = 0 0
2106 PIERCE ST FLINT MI 48503	<u>\$25.00</u>	<u>\$ 25.00</u>
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		lucaril 1
Business Address		The state of the s
Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution #4 PAC Receipt? YES 4. Date of Receipt 10/30/17	The state of the s	
THOMAS TOWNSEND		THE PROPERTY OF THE PROPERTY O
12483 MARGARET DR FENTON MI 48430	_{\$} 1000.00	_{\$} _1000.00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation SELF Employer TOWNSEND MORGAN	Olicit Field for	Memo Remization
Business Address 8235 HOLLY RD GRAND BLANC MI 48439		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$1,775.00 Enter this total on line 3a of Summary	



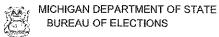
CANDIDATE COMMITTEE

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? YES 4. Date of Receipt 10/26/17 Name & Address: TAFT & TAFT DDS PLC 2222 S LINDEN RD		
FLINT MI 48532	,500.00	_s 500.00
5. If over \$100.00 cumulative, please provide:	3	·2
Occupation Employer	Click Here for	or Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/31/17 Name & Address		
PIFER CARTS 8341 E HOLLY RD HOLLY MI 48442	<u>\$500.00</u>	_s 500.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/31/17	and the second s	
REV. REGINALD LANCASTER 1214 BLANCARD AVE FLINT MI 48503	_{\$} 100.00	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
B. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/21/17 Name & Address	Material Andreas (Antre September 2014)	
CLIFFORD HARVEY 2084 HASLER LAKE RD LAPEER MI 48446	_{\$} 2000.00	_{\$_} 2000.00
5. If over \$100.00 cumulative, please provide:	Click Horn for	A. Common Shares and A.
Occupation RETIRED Employer	Office Here for	Memo Itemization
Business Address		October 100 and 100 an
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	\$3,100.00	1
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Page 6 of S	Enter this total on line 3a of Summary Page.	•



CANDIDATE COMMITTEE

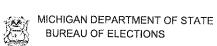
1. Committee I.D. Number 379

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2. Committee Name

COMMITTEE TO ELECT SCOTT KINCAID MAYOR

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/21/17 Name & Address: DAVID CULVER 9253 NASHUA TRAIL FLUSHING MI 48433	_s 2000.00	_s 2000.00
If over \$100.00 cumulative, please provide: Occupation RETIRED Employer	Y	r Memo Itemization
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	POSSETT STATES S	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/21/17 Name & Address		
2424 KANSAS LLC 300 SLEEPY HOLW ORTONVILLE MI 48462	\$ <u>2000.00</u>	_{\$} 2000.00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		l-command
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/21/17 Name & Address: PLUMBERS & PIPEFITTERS LOCAL 333 PAC 5405 S MLK BLVD LANSING MI 48911	\$2500.00	_{\$} 2500.00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: 🗸 Direct Loan from a person Fund Raiser	tanan periodo de la composición de la c	
3. Contribution #4 PAC Receipt? VES 4. Date of Receipt 10/21/17 Name & Address		
PLUMBERS LOCAL 98 STATE PAC FUND 555 HORACE BROWN DR MADISON HEIGHTS MI 48071	_{\$} 1000.00	_{\$_} 1000.00
5. If over \$100.00 cumulative, please provide:	Click Horo for	Memo Itemization
Occupation Employer	Olov Hele IO	Wellio Reffization
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$7,500.00 Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

1. Committee I.D. Number 379

Page,

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	s 2000.	_s 2000.00
5. If over \$100.00 cumulative, please provide:	Ψ	
Occupation Employer	Click Here fo	or 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	mercen and desired internal consequently and the transit account of the transit o	medyary pumara a razamahika dopul pumanya a razaha da da pinajah da da kaya a zamara kana bili ganyak keradi.
PLUMBERS AND STEAMFITTERS 85 PAC		
	<u>\$</u> 2500.00	_{\$} _2500.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
OccupationEmployer		المسنيا
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		
WILLIAM S KINCAID	-	
349 BEDE ST	s 127.96	_{\$} 3877.96
FLINT MI 48507		\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization 🔻
Occupation REP Employer UAW		
Business Address 1940 E ATHERTON RD FLINT MI 48507		
Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address		
	\$	¢
5. If over \$100.00 cumulative, please provide:		Ψ
OccupationEmployer	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	4 1,027.00	
(Complete on last page of Schedule)	\$30,202.96 Enter this total on	
Page 8 of 8	line 3a of Summary Page.	



ITEMIZED EXPENDITURES SCHEDULE 18 **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		11/03/17	\$ 26,445.67
Address	Purpose: DIGITAL/MAIL SERICE	Date	ŷ 20; 110 .07
1000 S WASHINGTON AVE		House for a bit	da a sa ta a ta a mm
LANSING MI 48910	-		Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name CHANGE MEDIA GROUP		10/24/17	\$ 27,086.73
Address	Purpose: CONSULTING	Date	<u> </u>
1000 S WASHINGTON AVE			
LANSING MI 48910	Click	Here for Memo	Itemization Type
	Check box if this expenditure is payment of	,	
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name CHANGE MEDIA GROUP		10/26/17	
Address	Purpose: CONSULTING	Date	\$ 27,086.73
1000 S WASHINGTON AVE	ruipose.		
LANSING MI 48910			Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4		W	
Name TODD COOK		10/27/17	
Address	Purpose: CONSULTING	Date	\$ 6,250.00
530 W IONIA	Purpose: OCTAGOL TITO		
LANSING MI 48933	Click I	lere for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name CASTLE & ASSOCIATES	Line and the second sec	10/27/17	
Address	Purpose: CONSULTING	Date	\$ 10,000.00
6061 E LAKE RD	Purpose.	west.	
HASLETT MI 48840	- Burnarmi	Here for Memo	Itemization Type
Eural Paicar	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		To Account
	Subto	tal this page	\$96,869.13
	Grand Total of all		· ·
	(Complete on last page	or 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

Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date	6. Amount	
Expenditure #1				
Name WFLT		11/06/17	\$ 200,00	
Address	Purpose: RADIO	Date	4 <u>200,00</u>	
317 S AVERILL				
FLINT MI 48507	Click	Here for Memo	Itemization Type	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement			
Expenditure #2				
Name COMMERCIAL GRAPHICS		11/20/17	s 1665.22	
Address	Purpose: PRINTING	Date	\$ 1000.ZZ	
Address 1453 WALLI STRASSE DR	Purpose:			
BURTON MI 48509	Click Here for Memo Itemization Type			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement			
Expenditure #3				
Name				
			\$	
Address	Purpose:	Date		
	Click I-	tere for Memo	Itemization Type	
	Check box if this expenditure is payment of			
Fund Raiser	debt or obligation reported on previous statement			
Expenditure #4	- Gatomork			
Name				
	Table of the state		\$	
Address	Purpose:	Date		
	passaning	iere for Memo	ttemization Type	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement			
Expenditure #5				
Name	7.1.1.1		oom versoon.	
Address	v		\$	
Address	Purpose:	Date	***************************************	
	Click H	lere for Memo	Itemization Type	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		er progression of the second	
		tal this page	M4 005 00	
			\$1,865.22	
	Grand Total of all S		\$98,734.35	

Enter this total on line 8a of Summary Page

(Complete on last page of Schedule)



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number

COMMITTEE TO ELECT SCOTT KINICAID MAYOR

Summary Page

CANDIDATE COMMITTEE 2. C.	ommittee Name	- IO ELECT 30	JII NIIVOAIL	VIVIATUR				
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.)								
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 endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	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? Yes Owed to or by: WILLIAM S KINCAID	4. Type: LOAN	\$						
349 BEDE	5. Date Debt Was Incurred:	<u> </u>	ing formation and the second and the					
FLINT MI 48507	09/29/17	\$	C-man of the contract of the c	_{\$} 3,750.00				
	6. Original Amount of Debt:	\$	\$	\$ 3,7 30100				
	\$_3,750.00	<i>a</i>		FORGIVEN				
If bank loan, name of endorser or guarantor: Amount Endorsed: \$								
Debt #2 Corp? Yes	(())	FILL	i Lidosed. 5 —					
Owed to or by:	4. Type: LOAN	\$	Promopal Bankhola					
WILLIAM S KINCAID 349 BEDE	5. Date Debt Was Incurred:							
FLINT MI 48507	11/27/17	\$		407.00				
	6. Original Amount of Debt:	\$	/ s	\$ 127.96				
	<u>\$ 127.96</u>	\$		FORGIVEN				
If hank loan, name of endergos or querenter:				onto one the second of the sec				
Debt #3 Corp? Yes	If bank loan, name of endorser or guarantor: Amount Endorsed: \$							
Owed to or by:	4. Type:	\$						
	5. <u>Date Debt Was Incurred</u> :	\$	horselmosses					
	***************************************	\$						
	6. Original Amount of Debt:	\$	\$	\$				
	\$			FORGIVEN				
		\$						
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$_					
Page Subtotal (Outstanding debt)								
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)								
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.								

Page 1 of 1