

## 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 Fr	om: 08/20/17	to 10/20/17	
1. Committee I.D. Number		4. Candidate Last Name	F	First Name	M.I.
379		KINCIAD	WILL		S
		4a. Office Sought Including			Ü
2. Committee Name		MAYOR, CITY OF FL		and correct (a appaicable)	¥
COMMITTEE TO ELECT SCOTT KINCAID M	IAYOR	4b. County of Residence <b>G</b>	ENESEE		,
5. Committee's Mailing Address		6. Treasurer's Name & Res			
349 BEDE ST		JOSHUA M FREE		A Comment of the Comm	
FLINT MI 48507		8275 FAULKNER		tames tames	
		DAVISON MI 4842	23		
Area Code and Phone (810) 742-4375 If the address in this box is different from the comm	:44				-
Imailing address on the Statement of Organization	ntee mail may	(010)	207 2707		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
be sent to this address by the filing official.		Area Code & Phone (810)		20 20	
7. Treasurer's Business Address		8. Designated Record keep     Designated Record keeper	er's Name and Mail	ing Address (If the committ	tee has a
1101 BEACH ST  FLINT MI 48502		Dosignated Necord Reepen	,		
FLINT WII 40302				•	
					•
Area Code and Phone (810) 762-7762		Area Code and Phone			
9. TYPE OF STATEMENT		Area Code and Friorie	9e. Dissolutio	n of Candidate Committee	<u>-</u>
9a. X Pre-Election OR 9b. Post-Election		NLY if candidate ballot for the			
	current year		Ibv the committe	g this item I/We certify any e to the candidate or his or	r her snouse is here
Pre-Election or Post-Election Statement relates to:	July Quar	to du	by discharged a the committee.	nd forgiven, and no longer The committee has no ous	collectible from tanding assets.
Primary	L_July Quar	terry	owes no lates fe	es or has any oustanding d	lebt.
ズ General	October C	luarterly	Country of the second		
Convention			considered a rec	ssolution cannot be granted quest for the Reporting Wai	1, that this be iver.
Special	9c	al Statement(  )			
School	LJAmus	Coverage Year	Effect	ive date of dissolution	
Caucus	9d. X Amer	dment to Campaign Statemer	nt		
		plete Item 9a, 9b, 9c or 9e to te which Statement is being	Note: The dispo	sition of residual funds mus	st be reported on
	amen	ded.)	Schedule 1B an	d the Summary Page.	·
Date of Election, Convention or Caucus					
11/07/17					
10. Verification: I\We certify that all reasonable dilige my\u00edour knowledge and belief the contents are true, a	ence was used accurate and co	in the preparation of this state	ment and attached	schedules (if any) and to th	ne best of
Current Treasurer or	4	/ 11 11 4	e		
Designated Record keeper	(TYCMA	V MWH	WWW.	Date	
Type or Print Name		Signature	<del>- •</del>	Date	
and Marie Zeall Mr.			m	Al Bate 11-17	
Candidate Mullimi Sulf King	<b>~~~</b>		MINE	#1Rate 11-17	-/7
Type or Print Name		Signature			-



### CANDIDATE COMMITTEE

1. Committee I.D. Number 379

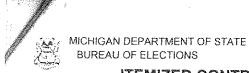
1. Committee I.D. Nu	mber
2. Committee Name	Committee to Elect Scott Kincaid Mayor

middle initial. Check box to indicate if contribution is from a Political Committee or an Indep Committee (PAC) Report all contributions regardless of amount.		7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/27/1 Name & Address: Michael Griffin 717 Blanchard Ave Flint MI 48503	<sup>7</sup>	<sub>\$</sub> 35.00
5. If over \$100.00 cumulative, please provide:	Oliale Haw	- 5 04 14
Occupation Employer	Click Here	e 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 09/27/17 Name & Address		
Scott Pifer 8341 E Holly RD Holly MI 48439	<sub>\$</sub> 200.00	200.00
5. If over \$100.00 cumulative, please provide:  Occupation attorney Ounce Employer self Pifer Colf	Click Here // 48442	for Memo Itemization
Business Address & 341 & Holly R. A. Holl	14 48442	
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 09/27/17 Name & Address:  Marcantonio Morolla 1302 Blanchard Ave Flint MI 48503-5366	<sub>\$</sub> 35.00	\$35.00
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 V Fund Raiser	*	
i. Contribution # 4 PAC Receipt? YED 4. Date of Newson 200/27/17 Name & Address Laura Kincaid		T
Swartz Creek MI 48473	<sub>\$</sub> 250.00	s 250.00
5. If-over \$100.00 cumulative, please provide:	The second of th	The Control of the Co
Occupation Business Owner Employer Kincaid Construction	Click Here f	for Memo Itemization
Business Address Same		
Type of Contribution [ ] Fund Raiser		
	Page 5-1-14 \$520.00	ETT CONTROL CONTROL AND
Grand Noval China	Ciulinas IA	

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### **CANDIDATE COMMITTEE**

1. Committee I.D. Number \_ 379

2. Committee Name Committee to Elect Scott Kincaid Mayor

2. Otherwood		
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 09/27/17  Name & Address: Peter Bade 503 S Saginaw St Flint MI 48502	<sub>\$</sub> 30.00	<sub>s</sub> 30.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	Click Here fo	or Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person V Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/27/17		
Name & Address  Bruce Leach		•
4025 E Hill Rd Grand Blanc MI 48439	\$ 2000.00	§ 2000.00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation attorney Employer self	Onon Tiere (o)	Wellio Remization
Business Address Same		
Type of Contribution: Direct Loan from a person V Fund Raiser		
Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/27/17	A THE SECOND	yeel and integrability key copperature. A what is distributed by a state of the property of the state of the stat
Joe Massey 2272 Lake Ridge Dr Grand Blanc MI 48439	<sub>\$</sub> 30.00	§ 30.00
. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization 🔻
OccupationEmployer		
susiness Address		
Type of Contribution: Direct Loan from a person V Fund Raiser		
Contribution #4 PAC Receipt? YES 4. Date of Receipt 09/27/17 ame & Address  Villiam Shedd 121 Flushing Rd lushing MI 48433	<sub>\$</sub> 1000.00	s 1000.00
If over \$100.00 cumulative, please provide:		
Decupation attorney Employer SHOO -FLAISH PL	Click Here for I	Memo Itemization 🖵 📗
Business Address G-5121 FLUSHING Rd FLUSHING	M1 484.	3 7
Type of Contribution: Direct Loan from a person / Fund Raiser		
	\$3,060.00	
Grand Total of All Schedules 1A	20,000.00	
(Complete on last page of Schedule)	Enter this total on	

line 3a of Summary Page.



### MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

### ITEMIZED CONTRIBUTIONS SCHEDULE 1A

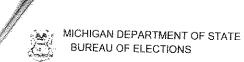
1. Committee I.D. Number

Committee to Elect Scott Kincaid Mayor

ı	CAND	DATE C	OMMIT	Part Series		. Committee Name	JIIII III I		
Enter contributor's na niddle initial. Check Committee (PAC) Re	ame and a	ddress. If co	ntribution is	from an individu n a Political Cor	al, ente	r last name, first name, or an Independent	6	. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 ame & Address: David Hall '077 Gillette F Flushing MI 4	PA Rd -8433-9	C Receipt?	YES		eceipt	09/27/17	q	30.00	\$30.00
. If over \$100,00 c	umulative	, please рго					_	Click Here	or Memo Itemization
Occupation			_ Employe						
Business Address	1 1	rect	Loan fro	om a person		Fund Raiser			
Contribution #2 Name & Address  John A Tosto 503 S Sagina  Flint MI 4850	PLC w St S	C Receipt?				09/27/17	•	<sub>s</sub> 200.00	\$ 200.00 for Memo Itemization
5. If over \$100.00 o	cumulativ	e, please pro	<u> </u>	5014		Jan Tasko Fund Raiser	PLC	Click Here	Of Wellio Remized
Type of Contribution #3 Name & Address: Eric Mccorm 503 S Sagina Flint Mi 4850  5. If over \$100.00	ick, PL aw St S 02	AC Receipt? C STE 141! ve, please p	YES	4. Date of	Receip	ot <u>09/27/17</u>		\$30.00 Click Here	\$30.00 for Memo Itemization
Business Address				from a person	14	Fund Raiser			A PART OF THE PART
Type of Contribution # 4 Name & Address Giamarco, M 101 West Bi Troy Mi 480	/ullins g Beav	/er 10th i 80	PAC	National Company of the Company of t	A PROPERTY OF THE PARTY OF THE	sipt 09/27/17		<sub>\$</sub> 500.00	
5. If over \$100.0  Occupation				ployer				Click Here	e for Memo Itemization
Business Addres Type of Contrib	·	Direct	Loai	n from a person		Fund Raiser			
1,500	<u> </u>			the said of the sa		Page S	Subtotal	\$760.00	
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Grand Total of All Schedules 1A (Complete on last page of Schedule)

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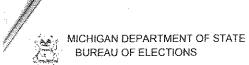


1. Committee I.D. Number 379

1 the second sec	Committee to Elect S	cott 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 10/04/17  Name & Address: BARRY WOLF  8386 OLD PLANK RD  GRAND BLANC MI 48439	200.00	
5. If over \$100.00 cumulative, please provide:	<u>\$200.00</u>	<sub>§</sub> 350.00
Occupation ATTORNEY Employer SELF	Click Here fo	or Memo Itemization
Business Address 503 SAGINAW ST FLINT MI 48502		b <sub>res</sub>
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/04/17  Name & Address		
JOHN MCGARRY 1115 LAFAYETTE ST FLINT MI 48503-2859	<sub>\$</sub> 100.00	<sub>\$_</sub> 100.00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization -
OccupationEmployer		The restriction of the second
Business Address .		
Type of Contribution: Direct Loan from a person V Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/04/17 PHILIP HAGERMAN 15247 CURTWOOD DR LINDEN MI 48451-9058	<sub>\$</sub> 200.00	<sub>\$</sub> 200.00
5. If over \$100.00 cumulative, please provide:	Click Here for N	/lemo Itemization
Occupation CEO Employer DIPLOMAT PHARMACY		<u>L</u> ]
Business Address 601 S SAGINAW ST FLINT MI 48507		
Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution # 4 PAC Receipt? VSS 4 Path of Part of Pa	DS Plotogram Mariant Proprietario	
Name & Address  AARON PACHECO	+	
15540 JENNINGS RD FENTON MI 48430-1798	<sub>s</sub> 200.00	, 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation SELF Employer White	Click Here for M	emo Itemization 🔻
Business Address SAME		
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Grand Total of All Schedules 1A (Complete on last page of Schedule)

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### CANDIDATE COMMITTEE

1. Committee I.D. Number 379

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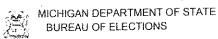
2. Committee Name Committee to Elect Scott Kincaid Mayor

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 10/04/17 Name & Address: ERWIN F MEIERS III 1034 S GRAND TRAVERSE FLINT MI 48502	<sub>s</sub> 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:	Olinic Linear for	- Bitanas (tanain-t) []
Occupation Employer	Click Here to	r Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/04/17  Name & Address		
HOWARD DOWNING JR 785 S VAN RD HOLLY MI 48442	§ 200.00	<u>\$</u> 200.00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation ATTOMEY Employer SELF		Lange
Business Address SAME 785 S-UAN.RD Holly MI		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/04/17 Name & Address: REBA WALLING 1210 KENSINGTON AVE FLINT MI 48507-5377	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
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		
B. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/04/17  Name & Address  MARION ALLEN ROBB 2367 S LINDEN RD  FLINT MI 48532	<sub>\$</sub> 100.00	\$ 100.00
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		
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Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	

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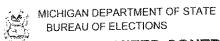


1.	Comn	nittee	I.D.	Number	3/9	
_				Cor	nmittee	to Elect Scott Kincaid Mayor

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CANDIDATE COMMITTEE 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 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 10/04/17  Name & Address: DR. MICHAEL J DANIC  2720 WESTWOOD PARKWAY  FLINT MI 48503-4669	, 100.00	<sub>s</sub> 100.00
	4	
5. If over \$100.00 cumulative, please provide:	Click Here for	or Memo Itemization 💌
Occupation Employer		
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/04/17  Name & Address		
RICHARD K RAMSDELL 1209 KENSINGTON AVE FLINT MI 48503	<u>\$ 100.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization 🔻
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person 🔽 Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/04/17 Name & Address: TERRY BANKERT 2012 E COURT ST FLINT MI 48503-2869	<sub>\$</sub> 250.00	<sub>\$</sub> 750.00
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization 🔻
Occupation ATTORNEY Employer SELF		
Business Address 1000 BEACH ST FLINT MI 48502		
Type of Contribution: Direct Loan from a person V Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10/04/17  Name & Address  JAMES H PATTON  3401 N DORT HWY APT 1  FLINT MI 48506	<sub>\$</sub> 300.00	<sub>\$_</sub> 300.00
5. If over \$100.00 cumulative, please provide:  Occupation SELF OUNCL Employer SELF OUNCLO	Click Here for	r Memo Itemization
Business Address 3401 N DORT HWY FLINT MI 48506	y	
Type of Contribution: Direct Loan from a person Fund Raiser	ng paramus ammingkalmininininininininin sana sana ang manakan sana ang manakan sana ang manakan sana ang manak	noonde geste temperature met kolonik er den more met biolokische Gebeure begannt geste der state der son der s
Page Subtotal	\$750.00	



### CANDIDATE COMMITTEE

1. Committee I.D. Number 379

O O itte e Neme	Committee to Elect Scott Kincaid Mayor
2. Committee Name	

line 3a of Summary

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AUSTINATE AAISISSI PP	1	7 Computation for
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	Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/04/17 Name & Address:  JAMES H PATTON  3401 N DORT HWY APT 1  FLINT MI 48506	<sub>\$</sub> 100.00	
5. If over \$100.00 cumulative, please provide:  Occupation SELF  Employer SELF Complete Town  Business Address  3401 N DORT HWY FLINT MI 48506	Click Here fo	or Memo Itemization
Business Address 340 IN DORT FIVE FEINT WIT 40000  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/04/17  Name & Address		
R D BOIS PO BOX 420	<sub>\$</sub> 500.00	<sub>\$</sub> 500.00
FLUSHING MI 48433  5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
5. If over \$100.00 cumulative, please provide:  Occupation SELF Employer SELF BS(3 (NSUIMVE)  Business Address PO BOX 420 FLUSHING MI 48433		
Type of Contribution.   Direct   Loan from a person		was penduan na managan kananan na managan na
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/04/17  Name & Address:  JOHN A TOSTO, PLC  503 S SAGINAW ST  FLINT MI 48502	\$ 100.00	s 300.00 s Memo Itemization
5. If over \$100.00 cumulative, please provide:	CHOK HELE TO	Wello reinzaton []
Occupation ATTORNEY Employer SELF		
Business Address SAME  Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/04/17  Name & Address		
ROBERT G WAUN JR 3051 KENRICK KEEGO HARBOR MI 48320	<sub>\$</sub> 250.00	<sub>\$_</sub> 250.00
5. If over \$100.00 cumulative, please provide:  Occupation SELF CELL Employer	Click Here fo	r Memo Itemization 🔻
Business Address SAME		
Type of Contribution: Direct Loan from a person Fund Raiser		
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Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	

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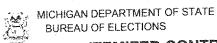
### CANDIDATE COMMITTEE

1. Committee I.D. Number \_\_379

MIADIDATE COMMINITTEE	<ol><li>Committee Nam</li></ol>

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 10/04/17 Name & Address: PETER BADE 1730 OVERHILL DR		
FLINT MI 48503-4655	<sub>\$</sub> 100.00	<sub>\$</sub> 130.00
5. If over \$100.00 cumulative, please provide:  Occupation ATTORNEY Employer HURLEY MEDICAL CENTER	Click Here fo	or Memo Itemization 🔻
Business Address 1 HURLEY PLAZA FLINT MI 48503		لىيىسىة 
Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/04/17  Name & Address		
JODIE S COOPER 3487 S. LINDEN RD	, 200.00	<sub>s</sub> 200.00
RINT MI 48507	3	5
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
OccupationEmployer_Unemployed		Legitured
Business Address		
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3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/04/17	The state of the s	
JOHN C KOEGEL	00000	
3400 BRISTOL RD FLINT MI 48507	§ 200.00	<sub>\$</sub> 200.00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization 💌
Occupation PRESIDENT Employer KOEGEL		•
Business Address SAME		
Type of Contribution: Direct Loan from a person V Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10/04/17 Name & Address		1-
ALBERT J KOEGEL 3400 BRISTOL RD	200.00	400.00
FLINT MI 48507	<u>\$200.00</u>	<u>\$ 400.00</u>
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Occupation CHAIRMAN Employer KOEGEL		البسا
Business Address SAME		
Type of Contribution: Direct Loan from a person 🗸 Fund Raiser	0.534.144.544.44	
Page Subtotal	\$700.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
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Committee I.D. Number	3/9
Committee LD. Number	

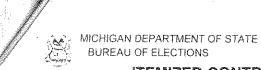
CANDIDATE COMMITTEE 2. Committee Name	
Enter contributor's name and address. If contribution is from an individual, enter last riame, and rame, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent	. Cumulative for Election Cycle for Each Contributor (Through late of receipt)
3. Contribution #1 PAC Receipt? VES 4. Date of Receipt 10/11/17	
Name & Address: PLUMBERS & PIPE FITTERS LOCAL 5500 W PIERSON RD FLUSHING MI 48433-2331  \$2500.00	<sub>\$</sub> 5000.00
5. If over \$100.00 cumulative, please provide: Click Here for N	/lemo Itemization
Occupation Employer	
Business Address  Type of Contribution:   Direct  Loan from a person  Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/05/17	
Name & Address  HOWARD DOWNING JR  785 S VAN RD  HOLLY MI 48442	<sub>\$</sub> 700.00
5. If over \$100.00 cumulative, please provide:  Click Here for N	lemo Itemization ▼
SETE A TAR A SELF	
Business Address SAME	
Type of Contribution:   Direct Loan from a person Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/06/17	,
MARCANTONIO MOROLLA 1302 BLANCHARD AVE	<sub>\$</sub> 135.00
FLINT MI 48503-5366 Click Here for M	lemo Itemization
5. If over \$100.00 cumulative, please provide:	
Occupation RETIRED Employer	
Business Address  Type of Contribution:   Direct Loan from a person Fund Raiser	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10/04/17 Name & Address	
UAW MICHIGAN V-PAC 8000 E JEFFERSON DETROIT MI 48214-3963	\$ 10,000.00
	Memo Itemization
Franks and	IGITIO (CO); IIZACCOTI
Occupation Employer	
Business Address  Type of Contribution:   Direct  Loan from a person  Fund Raiser	

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

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To Company



### CANDIDATE COMMITTEE

1. Committee I.D. Number \_\_379

2. Committee Name COMMITTEE TO ELECT SCOTT KINCAID

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 10/20/17 Name & Address: 2424 KANSAS LLC		
300 SLEEPY HOLLOW ORTONVILLE MI 48462-8951	<sub>\$</sub> 2000.00	<sub>\$</sub> 2000.00
5. If over \$100.00 cumulative, please provide:	Click bloss f	or Mana Haminatia
OccupationEmployer	Circk Here ii	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 10/13/17 Name & Address	Accord (According to Section Professional According to Section Profession Profession Professional According to Section Profession	
UAW MICHIGAN V-PAC 8000 E JEFFERSON DETROIT MI 48214-3963	\$_10,000.00	<sub>\$</sub> 20,000.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
OccupationEmployer		<del></del>
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt VES 4. Date of Receipt 10/17/17	and the state of the second	za kidoka insuriinin kuu ka
Name & Address:  LOCAL 1799 AFSCME		
702 W 12TH ST	<sub>s</sub> 550.00	, 550,00
FLINT MI 48503		,—————————————————————————————————————
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		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/17/17 Name & Address +		
DURGA PROPERTY MGT LLC		
11320 CHESTER RD CINCINNATI OH 45246	<sub>\$</sub> 1000.00	s1000.00
5. If over \$100.00 cumulative, please provide:	Clink Here for	Memo Itemization 🔻
Occupation Employer	Onone Front Color	West of testing at the second
Business Address		
Type of Contribution:		•
Page Subtotal	\$13,550.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	I
Page $\frac{\gamma}{\gamma}$ of $\frac{\gamma}{\gamma}$	line 3a of Summary Page.	



# MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

### ITEMIZED CONTRIBUTIONS SCHEDULE 1A

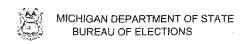
1. Committee I.D. Number 379

COMMITTEE TO ELECT SCOTT KINCAID

Inter contributor's name and address. If contribution is from a Political Committee or an individual, enter last name, more individual. Check box to indicate if contribution is from a Political Committee or an independent or individual. Check box to indicate if contribution is from a Political Committee or an independent or individual. Check box to indicate if contribution is from a Political Committee or an independent or individual. Check box to indicate if contribution is from a Political Committee or an independent or individual. Check box to indicate if contribution #2 A. Date of Receipt 10/16/17  Set State of Receipt 10/12/17  Set State of Receipt 10/16/17  Set State	<sub>\$</sub> 500.00	s 500.00 r Memo Itemization
iddle influit. Check box to incommittee (PAC) Report all contributions regardless of amount.  3. Contribution #   PAC Receipt? YES   4. Date of Receipt   10/16/17    3. Contribution #   PAC Receipt? YES   4. Date of Receipt   10/16/17    3. Contribution #   PAC Receipt? YES   4. Date of Receipt   10/16/17    3. Contribution   PAC Receipt?   PAC Receipt   PAC Recei	Click Here for specific controls and controls are controls as a second control of the control of	\$\frac{100.00}{\\$ memo Itemization}\$  The Memo Itemization is a second s
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/16/17  230 SURFWOOD DR  ENTON MI 48430-9353  3. If over \$100.00 cumulative, please provide:  Docupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/28/17  252 SGRAND TRAVERSE ST  FLINT MI 48502  5. If over \$100.00 cumulative, please provide:  Occupation SELF Employer  Business Address  625 S GRAND TRAVERSE ST FLINT MI 48502  5. If over \$100.00 cumulative, please provide:  Occupation P PAC Receipt? YES 4. Date of Receipt 10/12/17  3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/12/17  3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/12/17  3. Rame & Address:  BARRY WOLF  8386 OLD PLANK RD  GRAND BLANC MI 48439  5. If over \$100.00 cumulative, please provide:  Occupation ATTORNEY Employer  Business Address  503 SAGINAW ST FLINT MI 48502	Click Here for specific controls and controls are controls as a second control of the control of	Memo Itemization  s 500.00  The Memo Itemization
In a Address: HOMAS SVITKOVICH 230 SURFWOOD DR ENTON MI 48430-9353  If over \$100.00 cumulative, please provide: In a person	Click Here for specific controls and specific controls are specific controls.	Memo Itemization \$\square\$ 500.00 r Memo Itemization
230 SURFWOOD DR ENTON MI 48430-9353  If over \$100.00 cumulative, please provide:    Coupation	Click Here for specific controls and specific controls are specific controls.	Memo Itemization \$\square\$ 500.00 r Memo Itemization
Employer  Susiness Address  Type of Contribution:	s 500.00 Click Here fo	s 500.00
Institution #3  Secretary Pac Receipt?  Secretary Pac Receipt?  Secretary Pac Receipt?  Loan from a person  Fund Raiser	Click Here fo	r Memo Itemization
Type of Contribution:    Direct   Loan from a person   Table	Click Here fo	r Memo Itemization
Type of Contribution #2  Iame & Address  MICHAEL SARGENT  625 S GRAND TRAVERSE ST  FLINT MI 48502  5. If over \$100.00 cumulative, please provide:  Occupation SELF Employer  Business Address  Address  PAC Receipt? YES 4. Date of Receipt 09/28/17  4. Date of Receipt 10/12/17  Anne & Address:  BARRY WOLF  8386 OLD PLANK RD  GRAND BLANC MI 48439  5. If over \$100.00 cumulative, please provide:  Occupation ATTORNEY Employer SELF  Business Address 503 SAGINAW ST FLINT MI 48502  Fund Raiser	Click Here fo	r Memo Itemization
MICHAEL SARGENT 625 S GRAND TRAVERSE ST FLINT MI 48502  5. If over \$100.00 cumulative, please provide:  Occupation SELF Employer  Business Address 625 S GRAND TRAVERSE ST FLINT MI 48502  Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/12/17  Name & Address:  BARRY WOLF  8386 OLD PLANK RD  GRAND BLANC MI 48439  5. If over \$100.00 cumulative, please provide:  Occupation ATTORNEY Employer  Business Address 503 SAGINAW ST FLINT MI 48502  Business Address 503 SAGINAW ST FLINT MI 48502	Click Here fo	r Memo Itemization
525 S GRAND TRAVERSE ST FLINT MI 48502  5. If over \$100.00 cumulative, please provide:  SELF  SELF  SELF  Employer  SELF SAKCENT  THA  Business Address  625 S GRAND TRAVERSE ST FLINT MI 48502  Type of Contribution:  Direct  Loan from a person  Fund Raiser  7. Type of Contribution:  PAC Receipt?  YES  4. Date of Receipt 10/12/17  Name & Address:  BARRY WOLF  8386 OLD PLANK RD  GRAND BLANC MI 48439  5. If over \$100.00 cumulative, please provide:  Occupation  ATTORNEY  Employer  SELF  Employer  SELF  Employer  SELF  Fund Raiser	Click Here fo	r Memo Itemization
SELF Employer SELF SAKUENT  Occupation SELF Employer SELF SAKUENT  Business Address 625.S GRAND TRAVERSE ST FLINT MI 48502  Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/12/17  Name & Address:  BARRY WOLF  8386 OLD PLANK RD  GRAND BLANC MI 48439  5. If over \$100.00 cumulative, please provide:  Occupation ATTORNEY Employer SELF  Business Address 503 SAGINAW ST FLINT MI 48502  Business Address 503 SAGINAW ST FLINT MI 48502		ng pina Barankana nakaban na panakan da panakan na panakan na panakan na panakan na panakan na panakan na pana
Business Address 625 S GRAND TRAVERSE STERM  Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/12/17  Name & Address:  BARRY WOLF  8386 OLD PLANK RD  GRAND BLANC MI 48439  5. If over \$100.00 cumulative, please provide:  Occupation ATTORNEY Employer  Business Address 503 SAGINAW ST FLINT MI 48502  Business Address 503 SAGINAW ST FLINT MI 48502	<sub>\$</sub> 500.00	. 850.00
Business Address 625 S GRAND TRAVERSE STTEM  Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/12/17  Name & Address:  BARRY WOLF  8386 OLD PLANK RD  GRAND BLANC MI 48439  5. If over \$100.00 cumulative, please provide:  Occupation ATTORNEY Employer  Business Address 503 SAGINAW ST FLINT MI 48502  Business Address 503 SAGINAW ST FLINT MI 48502	<sub>\$</sub> 500.00	, 850.00
Type of Contribution:  Poincet Loan from a person:  3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/12/17  Name & Address:  BARRY WOLF 8386 OLD PLANK RD GRAND BLANC MI 48439  5. If over \$100.00 cumulative, please provide:  Occupation ATTORNEY Employer SELF  Business Address 503 SAGINAW ST FLINT MI 48502  Business Address 503 SAGINAW ST FLINT MI 48502	<sub>\$</sub> 500.00	,850.00
3. Contribution # 3 Name & Address:  BARRY WOLF 8386 OLD PLANK RD GRAND BLANC MI 48439  5. If over \$100.00 cumulative, please provide:  Occupation ATTORNEY Employer SELF  Business Address 503 SAGINAW ST FLINT MI 48502  Business Address Food Saginary Street Research Fund Raiser	<sub>\$</sub> 500.00	. 850.00
8386 OLD PLANK RD GRAND BLANC MI 48439  5. If over \$100.00 cumulative, please provide:  Occupation ATTORNEY Employer SELF  Business Address 503 SAGINAW ST FLINT MI 48502  Fund Raiser	5000100	
GRAND BLANC MI 48439  5. If over \$100.00 cumulative, please provide:  Occupation ATTORNEY Employer SELF  Business Address 503 SAGINAW ST FLINT MI 48502  Fund Raiser	_	
Occupation ATTORNEY Employer SLET  Business Address 503 SAGINAW ST FLINT MI 48502  Fund Raiser	Click Here t	or Memo Itemization
Business Address 503 SAGINAW ST FLINT MI 48502		
Business / Idah C. Direct Loan from a person I did I dia C.		
Type of Contribution: V Dice. 4 Date of Receipt 10/16/17	POLICE CONTROL	
3. Contribution #4 Name & Address		4000 00
ROBERT LEFF 5332 DURWOOD DR	s 1000.00	<sub>\$</sub> 1000.00
SWARTZ CREEK MI 48473-1120	Click Here	for Memo Itemization
If over \$100.00 cumulative, please provide:		
Occupation		
Business Address  Type of Contribution: Direct  Loan from a person  Fund Raiser  Page Subtota	at \$2,100.00	

Page.

Enter this total on line 3a of Summary



## **FUND RAISER SCHEDULE 1F**

FUND RAISER S	SCHEDULE 1F	1. Committee I.D. Number	79	
CANDIDATE COMMITTEE		2. Committee Name Committee to Elect Scott Kincaid Mayor		
	- USE A SEPARA	ATE SHEET FOR EACH	I EVENT -	
3. Date Event Was Held	Number of Individuals or Participating (whichever)	Attending 5 Type of Fund Paisi	ng Activity 6. Address and Name (If any) of the	
09/27/17	greater) 75		place where the activity was held. 621 W Court St Flint MI 48503	
		pizza din	Private Residence	
7. Total Contributions	\$22,39	95.00 \$ 21,895	. OO	
8. Other Receipts	***************************************			
9. Gross Receipts (Add lines	7 and 8) \$22,39	15.00 \$21,895	00	
10. Total Cost of Event (Total Cost includes In-Kind C	\$400.0		-  	
patriculary.	oint fund raiser and com		'	
Co-Sponsor(s)		<del>-</del>		
Co-Sponsor(s)	Contr	bution Split (%)	Expenditure Split (%)	
			()	
	Allerin, apply the specimens of the spec	44		
			-	
		WWW.		
-				
***************************************				
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Receipts and expenditus Schedule (1A), Itemize Summary Page.	Dampaign Statement. ures listed on a Fund Rai d In-Kind Contributions S	ser Schedule must also be re Schedule (1-IK), Itemized Exp	fund raising event held during the eported on the Itemized Contributions senditures Schedule (1B) and the	
( )	and pared in a joint tuttu	raiser must file a Fund Raise	r Schedule for the event.	
age of				