

**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.

3. This Statement covers From: 08/20/17 to 10/20/17

1. Committee I.D. Number
379

2. Committee Name
COMMITTEE TO ELECT SCOTT KINCAID MAYOR

4. Candidate Last Name **KINCIAD** 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 **(810) 742-4375**
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 **(810) 397-3797**

7. Treasurer's Business Address
**1101 BEACH ST
FLINT MI 48502**

Area Code and Phone **(810) 762-7762**

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. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary

☒ General

☐ Convention

☐ Special

☐ School

☐ Caucus

Date of Election, Convention or Caucus
11/07/17

Required ONLY if candidate is not on the ballot for the current year:

☐ July Quarterly

☐ October Quarterly

9c. ☐ Annual Statement () Coverage Year

9d. ☒ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: (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 Joshua M. Freeman Type or Print Name [Signature] Signature Date 11-17-17

Candidate William Scott Kincaid Type or Print Name WILLIAM SCOTT KINCAID Signature Date 11-17-17



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>09/27/17</u> Name & Address: <u>Michael Griffin</u> <u>717 Blanchard Ave</u> <u>Flint MI 48503</u>		\$ <u>35.00</u>	\$ <u>35.00</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 checked="" 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>09/27/17</u> Name & Address: <u>Scott Pifer</u> <u>8341 E Holly RD</u> <u>Holly MI 48439</u>		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>attorney owner</u> Employer <u>self Pifer Golf Inc</u> Business Address <u>8341 E Holly RD Holly 48442</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" 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>09/27/17</u> Name & Address: <u>Marcantonio Morolla</u> <u>1302 Blanchard Ave</u> <u>Flint MI 48503-5366</u>		\$ <u>35.00</u>	\$ <u>35.00</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 checked="" 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>09/27/17</u> Name & Address: <u>Laura Kincaid</u> <u>6375 S Elmo Rd</u> <u>Swartz Creek MI 48473</u>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>Kincaid Construction</u> Business Address <u>Same</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value=""/>	

Page Subtotal \$520.00

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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CANDIDATE COMMITTEE

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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 09/27/17

Name & Address:

Peter Bade
503 S Saginaw St
Flint MI 48502

\$ 30.00

\$ 30.00

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 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:

Occupation attorney Employer self

Click Here for Memo Itemization

Business Address same

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:

Joe Massey
2272 Lake Ridge Dr
Grand Blanc MI 48439

\$ 30.00

\$ 30.00

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 #4 PAC Receipt? ☐ YES 4. Date of Receipt 09/27/17

Name & Address:

William Shedd
5121 Flushing Rd
Flushing MI 48433

\$ 1000.00

\$ 1000.00

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

Occupation attorney Employer self SHEDD - FRANK PLC

Click Here for Memo Itemization

Business Address 6-5121 FLUSHING RD FLUSHING MI 48433

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

Page Subtotal \$3,060.00

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

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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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:

David Hall
7077 Gillette Rd
Flushing MI 48433-9341

\$ 30.00

\$ 30.00

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 09/27/17

Name & Address:

John A Tosto PLC
503 S Saginaw St STE 1410
Flint MI 48502

\$ 200.00

\$ 200.00

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

Click Here for Memo Itemization

Occupation Attorney Employer self - John Tosto PLC

Business Address SAME

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:

Eric McCormick, PLC
503 S Saginaw St STE 1415
Flint MI 48502

\$ 30.00

\$ 30.00

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

3. Contribution #4 PAC Receipt? ☒ YES 4. Date of Receipt 09/27/17

Name & Address:

Giamarco, Mullins & Horton PAC
101 West Big Beaver 10th FL
Troy MI 48084-5280

\$ 500.00

\$ 500.00

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

Page Subtotal \$760.00

Grand Total of All Schedules 1A
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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

\$ 350.00

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

Occupation ATTORNEY Employer SELF

Click Here for Memo Itemization ☐

Business Address 503 SAGINAW ST FLINT MI 48502

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

\$ 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

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt 10/04/17

Name & Address:

PHILIP HAGERMAN
15247 CURTWOOD DR
LINDEN MI 48451-9058

\$ 200.00

\$ 200.00

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

Occupation CEO Employer DIPLOMAT PHARMACY

Click Here for Memo Itemization ☐

Business Address 601 S SAGINAW ST FLINT MI 48507

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:

AARON PACHECO
15540 JENNINGS RD
FENTON MI 48430-1798

\$ 200.00

\$ 200.00

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

Occupation SELF Employer Retired

Click Here for Memo Itemization ☐

Business Address SAME

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

Page Subtotal \$700.00

Grand Total of All Schedules 1A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/04/17</u>	
Name & Address: ERWIN F MEIERS III 1034 S GRAND TRAVERSE FLINT MI 48502		\$ <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 checked="" 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>10/04/17</u>	
Name & Address: HOWARD DOWNING JR 785 S VAN RD HOLLY MI 48442		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>SAME 785 S-VAN RD Holly MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/04/17</u>	
Name & Address: REBA WALLING 1210 KENSINGTON AVE FLINT MI 48507-5377		\$ <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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/04/17</u>	
Name & Address: MARION ALLEN ROBB 2367 S LINDEN RD 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 type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>	

Page Subtotal \$500.00

Grand Total of All Schedules 1A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/04/17</u>	
Name & Address: DR. MICHAEL J DANIC 2720 WESTWOOD PARKWAY FLINT MI 48503-4669		\$ <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 checked="" 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>10/04/17</u>	
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: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/04/17</u>	
Name & Address: TERRY BANKERT 2012 E COURT ST FLINT MI 48503-2869		\$ <u>250.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>1000 BEACH ST FLINT MI 48502</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/04/17</u>	
Name & Address: JAMES H PATTON 3401 N DORT HWY APT 1 FLINT MI 48506		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF owner</u> Employer <u>SELF Complete Towing</u> Business Address <u>3401 N DORT HWY FLINT MI 48506</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>	

Page Subtotal \$750.00

Grand Total of All Schedules 1A
(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
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>10/04/17</u>	
Name & Address: <u>JAMES H PATTON</u> <u>3401 N DORT HWY APT 1</u> <u>FLINT MI 48506</u>		\$ <u>100.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF</u> Employer <u>SELF Complete Towing</u> Click Here for Memo Itemization <input type="button" value=""/>			
Business Address <u>3401 N DORT HWY FLINT MI 48506</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/04/17</u>	
Name & Address: <u>R D BOIS</u> <u>PO BOX 420</u> <u>FLUSHING MI 48433</u>		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF</u> Employer <u>SELF Bois Insurance</u> Click Here for Memo Itemization <input type="button" value=""/>			
Business Address <u>PO BOX 420 FLUSHING MI 48433</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/04/17</u>	
Name & Address: <u>JOHN A TOSTO, PLC</u> <u>503 S SAGINAW ST</u> <u>FLINT MI 48502</u>		\$ <u>100.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Click Here for Memo Itemization <input type="button" value=""/>			
Business Address <u>SAME</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/04/17</u>	
Name & Address: <u>ROBERT G WAUN JR</u> <u>3051 KENRICK</u> <u>KEEGO HARBOR MI 48320</u>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF retired</u> Employer <u></u> Click Here for Memo Itemization <input type="button" value=""/>			
Business Address <u>SAME</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal \$950.00

Grand Total of All Schedules 1A
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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

\$ 100.00

\$ 130.00

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

Occupation ATTORNEY Employer HURLEY MEDICAL CENTER

Click Here for Memo Itemization

Business Address 1 HURLEY PLAZA FLINT MI 48503

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:

JODIE S COOPER
3487 S. LINDEN RD
FLINT MI 48507

\$ 200.00

\$ 200.00

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

Occupation _____ Employer unemployed

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 10/04/17

Name & Address:

JOHN C KOEGEL
3400 BRISTOL RD
FLINT MI 48507

\$ 200.00

\$ 200.00

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

Occupation PRESIDENT Employer KOEGEL

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 10/04/17

Name & Address:

ALBERT J KOEGEL
3400 BRISTOL RD
FLINT MI 48507

\$ 200.00

\$ 400.00

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

Occupation CHAIRMAN Employer KOEGEL

Click Here for Memo Itemization

Business Address SAME

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

Page Subtotal \$700.00

Grand Total of All Schedules 1A
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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 checked="" type="checkbox"/> YES 4. Date of Receipt <u>10/11/17</u> Name & Address: PLUMBERS & PIPE FITTERS LOCAL 5500 W PIERSON RD FLUSHING MI 48433-2331		\$ <u>2500.00</u>	\$ <u>5000.00</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 #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/05/17</u> Name & Address: HOWARD DOWNING JR 785 S VAN RD HOLLY MI 48442		\$ <u>500.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF 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 <input type="button" value="v"/>	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/06/17</u> Name & Address: MARCANTONIO MOROLLA 1302 BLANCHARD AVE FLINT MI 48503-5366		\$ <u>100.00</u>	\$ <u>135.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</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 <input type="button" value="v"/>	
3. Contribution # 4 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10/04/17</u> Name & Address: UAW MICHIGAN V-PAC 8000 E JEFFERSON DETROIT MI 48214-3963		\$ <u>10,000.00</u>	\$ <u>10,000.00</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 \$13,100.00

Grand Total of All Schedules 1A
(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
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

\$ 2000.00

\$ 2000.00

Name & Address:

2424 KANSAS LLC
300 SLEEPY HOLLOW
ORTONVILLE MI 48462-8951

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

Occupation _____ Employer _____

Business Address _____

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

Click Here for Memo Itemization

3. Contribution #2 PAC Receipt? ☒ YES

4. Date of Receipt 10/13/17

\$ 10,000.00

\$ 20,000.00

Name & Address:

UAW MICHIGAN V-PAC
8000 E JEFFERSON
DETROIT MI 48214-3963

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

Occupation _____ Employer _____

Business Address _____

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

Click Here for Memo Itemization

3. Contribution # 3 PAC Receipt? ☒ YES

4. Date of Receipt 10/17/17

\$ 550.00

\$ 550.00

Name & Address:

LOCAL 1799 AFSCME
702 W 12TH ST
FLINT MI 48503

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

Occupation _____ Employer _____

Business Address _____

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 10/17/17

\$ 1000.00

\$ 1000.00

Name & Address:

DURGA PROPERTY MGT LLC
11320 CHESTER RD
CINCINNATI OH 45246

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

Occupation _____ Employer _____

Business Address _____

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

Click Here for Memo Itemization

Page Subtotal \$13,550.00

Grand Total of All Schedules 1A
(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
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 10/16/17

Name & Address:

THOMAS SVITKOVICH
7230 SURFWOOD DR
FENTON MI 48430-9353

\$ 100.00 \$ 100.00

Click Here for Memo Itemization

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

Occupation _____ 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

Name & Address:

MICHAEL SARGENT
625 S GRAND TRAVERSE ST
FLINT MI 48502

\$ 500.00 \$ 500.00

Click Here for Memo Itemization

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

Occupation SELF Employer SELF SARGENT Title

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

\$ 500.00 \$ 850.00

Click Here for Memo Itemization

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

Occupation ATTORNEY Employer SELF

Business Address 503 SAGINAW ST FLINT MI 48502

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

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 10/16/17

Name & Address:

ROBERT LEFF
5332 DURWOOD DR
SWARTZ CREEK MI 48473-1128

\$ 1000.00 \$ 1000.00

Click Here for Memo Itemization

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

Occupation _____ Employer _____

Business Address _____

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

Page Subtotal \$2,100.00

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

Enter this total on
line 3a of Summary
Page.

Page 25 of 27



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number

379

2. Committee Name

Committee to Elect Scott Kincaid Mayor

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 09/27/17	4. Number of Individuals Attending or Participating (whichever is greater) 75	5. Type of Fund Raising Activity pizza dinner	6. Address and Name (If any) of the place where the activity was held. 621 W Court St Flint MI 48503 <input type="checkbox"/> Private Residence
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7. Total Contributions

~~\$22,395.00~~ \$ 21,895.00

8. Other Receipts

9. Gross Receipts (Add lines 7 and 8)

~~\$22,395.00~~ \$ 21,895.00

10. Total Cost of Event

\$400.00

(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.