



**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: \_\_\_\_\_ to \_\_\_\_\_

1. Committee I.D. Number  
**379**

2. Committee Name  
**COMMITTEE TO ELECT SCOTT KINCAID MAYOR**

4. Candidate Last Name **KINCAID** First Name **WILLIAM** M.I. **S**

4a. Office Sought Including District # or Community Served (If applicable)  
**MAYOR, CITY OF FLINT**

4b. County of Residence **GENESEE**

5. Committee's Mailing Address  
**349 BEDE ST  
FLINT MI 48507**

Area Code and Phone **(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 lates fees or has any outstanding debt.

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

Effective date of dissolution \_\_\_\_\_

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

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper **JOSHUA M FREEMAN** Type or Print Name  
Signature *[Signature]* Date **12/15/17**

Candidate **WILLIAM S KINCAID** Type or Print Name  
Signature *[Signature]* Date **12/15/17**



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A**

**CANDIDATE COMMITTEE**

1. Committee I.D. Number 379

2. Committee Name COMMITTEE TO ELECT SCOTT KINCAID MAYOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/06/17</u>	
Name & Address: <b>BEVERLY GRIFFEA</b> 1520 E 2ND ST FLINT MI 48503		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>MOTT COLLEGE</u> Business Address <u>SAME</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/30/17</u>	
Name & Address: <b>JAMES PATTON</b> 3401 N DORT HWY FLINT MI 48506		\$ <u>500.00</u>	\$ <u>800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SELF</u> Business Address <u>3401 N DORT HWY FLINT MI 48506</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/30/17</u>	
Name & Address: <b>RHINA GRIFFEL</b> 2106 PIERCE ST FLINT MI 48503		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/30/17</u>	
Name & Address: <b>THOMAS TOWNSEND</b> 12483 MARGARET DR FENTON MI 48430		\$ <u>1000.00</u>	\$ <u>1000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF owner</u> Employer <u>TOWNSEND MORGAN</u> Business Address <u>8235 HOLLY RD GRAND BLANC MI 48439</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>	

Page Subtotal \$1,775.00

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

Enter this total on  
line 3a of Summary  
Page.



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SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 379  
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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 type="checkbox"/> YES 4. Date of Receipt <u>10/26/17</u> Name & Address: TAIT & TAIT DDS PLE STEVEN TAIT 2222 S LINDEN RD FLINT MI 48532		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/31/17</u> Name & Address: PIFER, CARTS Scott 8341 E HOLLY RD HOLLY MI 48442		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>owner</u> Employer <u>P. fier Carls</u> Business Address <u>8341 E Holly Rd Holly MI 48442</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/31/17</u> Name & Address: REV. REGINALD LANCASTER 1214 BLANCARD AVE FLINT MI 48503		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/21/17</u> Name & Address: CLIFFORD HARVEY 2084 HASLER LAKE RD LAPEER MI 48446		\$ <u>2000.00</u>	\$ <u>2000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$3,100.00

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

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3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES Name & Address: <b>DAVID CULVER</b> <b>9253 NASHUA TRAIL</b> <b>FLUSHING MI 48433</b>		\$ <u>2000.00</u>	\$ <u>2000.00</u>
4. Date of Receipt <u>10/21/17</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES Name & Address: * <b>2424 KANSAS LLC Joseph Manning</b> <b>300 SLEEPY HOLW</b> <b>ORTONVILLE MI 48462</b>		\$ <u>2000.00</u>	\$ <u>2000.00</u>
4. Date of Receipt <u>10/21/17</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>owner</u> Employer <u>2424 Kansas LLC</u> Business Address <u>300 Sleepy Hollow Ortonville MI 48462</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 checked="" type="checkbox"/> YES Name & Address: <b>PLUMBERS &amp; PIPEFITTERS LOCAL 333 PAC</b> <b>5405 S MLK BLVD</b> <b>LANSING MI 48911</b>		\$ <u>2500.00</u>	\$ <u>2500.00</u>
4. Date of Receipt <u>10/21/17</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>	
3. Contribution #4 PAC Receipt? <input checked="" type="checkbox"/> YES Name & Address: <b>PLUMBERS LOCAL 98 STATE PAC FUND</b> <b>555 HORACE BROWN DR</b> <b>MADISON HEIGHTS MI 48071</b>		\$ <u>1000.00</u>	\$ <u>1000.00</u>
4. Date of Receipt <u>10/21/17</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>	

Page Subtotal \$7,500.00  
Grand Total of All Schedules 1A (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



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

\$ 2000. \$ 2000.00

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
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 10/21/17  
Name & Address:  
PLUMBERS AND STEAMFITTERS 85 PAC  
6705 WEISS ST.  
SAGINAW MI 48603

\$ 2500.00 \$ 2500.00

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

\$ 127.96 \$ 3877.96

5. If over \$100.00 cumulative, please provide:  
Occupation REP Employer UAW  
Business Address 1940 E ATHERTON RD FLINT MI 48507  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

Click Here for Memo Itemization

3. Contribution #4 PAC Receipt?  YES 4. Date of Receipt \_\_\_\_\_  
Name & Address \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

Click Here for Memo Itemization

Page Subtotal **\$4,627.96**

Grand Total of All Schedules 1A (Complete on last page of Schedule) **\$30,202.96**

Enter this total on line 3a of Summary Page.