

### CANDIDATE COMMITTEE COVER PAGE

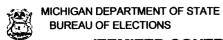
#### FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	signed by indidate.	3. This Statement covers From:	08/28/18 to 10/	/21/18		
1. Committee I.D. Number		4. Candidate Last Name	First Name	M.I.		
139637		Sinclair	Lisa	E		
		4a. Office Sought Including District # or Community Served (If applicable)				
2. Committee Name		Macomb County Clerk	/ Register of Deeds			
Lisa Sinclair 4 Clerk		4b. County of Residence MAC		4-108		
5. Committee's Mailing Address		6. Treasurer's Name & Resider	ntial Address	<b>6</b>		
46958 N. Gratiot Ave.		Kenneth J. Verkest	Ę.	DCT F		
P.O. Box 262		6. Treasurer's Name & Residential Address  Kenneth J. Verkest 39285 N. Blom  Harrison Township, MI 48045				
Chesterfield, MI 48051		Harrison Township, N	VII 48045	FILED T26 P		
Area Code and Phone (586) 569-9211  If the address in this box is different from the commitmailing address on the Statement of Organization, robe sent to this address by the filing official.	ittee nail may	Area Code & Phone (586) 91	4-9944	ዘ <b>៤: 2</b> 9		
7. Treasurer's Business Address		8. Designated Record Keeper		4		
38151 L'Anse Creuse		Designated Record Keeper)	, , , , , , , , , , , , , , , , , , ,	•7		
Harrison Township, MI 48045		N/A				
Area Code and Phone (586) 914-9944		Area Code and Phone				
9. TYPE OF STATEMENT			9e. Dissolution of Candidat	e Committee		
9a. Pre-Election OR 9b. Post-Election		NLY if candidate ballot for the :	by the committee to the candid	e certify any outstanding debt date or his or her spouse is here		
Pre-Election or Post-Election Statement relates to:		t-d.	by discharged and forgiven, a the committee. The committee	e has no oustanding assets,		
Primary	July Quar	teny	owes no lates fees or has any	oustanding debt.		
X General	October C	Quarterly	Further, if the dissolution cann	ot be granted, that this be		
Convention	-		considered a request for the R	Reporting Waiver.		
Special	9c. Annua	al Statement ()	Effective date of dis	solution		
School		Coverage Year	LINEQUIVE GALE OF GIS			
Caucus	(Com	ndment to Campaign Statement plete Item 9a, 9b, 9c or 9e to ate which Statement is being ded.)	Note: The disposition of resid Schedule 1B and the Summa	ual funds must be reported on ry Page.		
Date of Election, Convention or Caucus						
11/06/18						
10. Verification: I/We certify that all reasonable dilig	enne was used	in the preparation of this statem	ent and attached schedules (if	any) and to the best of		
my\our knowledge and belief the contents are true,	accurate and c	complete.	aris arise distances our remains (ii			
Current Treasurer or Kenneth J. Ve	erkest			10/26/18		
Designated Record keeper Type or Print Name		Signature	Date			
Candidate Lisa Sinclair		, Lisen	Date	10/26/18		
Type or Print Name	)	Signature				

1. Committee I.D. Number	139637	

# SUMMARY PAGE CANDIDATE COMMITTEE

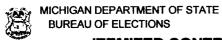
RECEIPTS COMMITTEE	_Column I	Column II
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 4,202.00	-
b. Uniternized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	_
c. Subtotal of "Contributions"	(3c.) \$ \$4,202.00	(18.) \$ \$6,002.00
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.) \$ \$4,202.00	\$ \$6,002.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$1,386.06</u>	(21.) \$ \$15,074.83
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$ \$0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$3,674.36</u>	_
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.) \$ \$3,674.36	\$\frac{\$5,399.17}{}
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ \$0.00	_
b. Uniternized (less than \$50.01 each - no Schedule)	(10b.) \$	
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.) \$ \$13,927.83	_
b. Owed to the Committee (Schedule 1E)	(12b.) \$ \$0.00	
	BALANCE STATEMENT	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ \$75.19	
14. Amount received during reporting period	(14.) + \$ \$4,202.00	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$4,277.19</u>	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period		
(Add lines 9 and 11)	(16.) - \$ \$3,674.36	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$602.83	•



#### CANDIDATE COMMITTEE

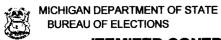
1. Committee I.D. Number \_\_\_\_\_139637

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 09/04/18  Name & Address:		
Karen Workun 3879 Galaxy Blvd. Stering Heights, MI 48314	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:	Click Here for	or Memo Itemization
Occupation Employer		
Business Address  Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/02/18 Name & Address		
Jayle Caprara 19300 Acorn Lane Clinton Township, MI 48038	<sub>\$</sub> _10.00	ş 10.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/02/18  Name & Address:		
Mark Acquaviva 34678 Greentrees Road Sterling Heights, MI 48312	\$ 5.00	\$ 5.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		:
Business Address Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/02/18 Name & Address		
John Pace 15752 Jennifer Fraser, MI 48026	<u>\$</u> 20.00	<sub>\$_</sub> 20.00
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		
Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page of	\$135.00  Enter this total on line 3a of Summary Page.	



#### CANDIDATE COMMITTEE

	to indicate if contri	ntribution is from an individual, bution is from a Political Commegardless 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 Rece	ipt 09/04/18		
Name & Address: William Pace					
15791 Nader Ct.				400.00	100.00
Clinton Township,	MI 48038			<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumula	ative, please prov	ide:		Click Horn fo	u Mama Itamization
Occupation		Employer	······································	Click nere it	or Memo Itemization
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?	YES 4. Date of Rece	ipt 09/04/18		
Ava McDowell				40.00	40.00
19862 Abrahm				<sub>\$</sub> 10.00	<sub>\$</sub> 10.00
Clinton Township,	MI 48035				
5. If over \$100.00 cumula	ntive, please prov	ide:		Click Here fo	r Memo Itemization
Occupation		Employer			
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Date of Reco	eipt 09/05/18		
Nancy Tiseo				<sub>s</sub> 200.00	200.00
16155 Vista Wood	ak			\$ 200.00	<sub>\$</sub> 200.00
Clinton Township,	MI 48038			Click Here fo	r Memo Itemization
5. If over \$100.00 cumula	ative, please prov	ride:			
Occupation Retired		Employer			
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
Contribution # 4     Name & Address	PAC Receipt?	YES 4. Date of Rec	œipt <u>09/20/18</u>		
Edward Norton				,20.00	20.00
508 Quay St. Port Huron, MI 48	enen			\$ <b>20.00</b>	<sub>\$_</sub> 20.00
5. If over \$100.00 cumul		ride:			
•				Click Here fo	r Memo Itemization
Occupation	<u></u>	Employer			
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
			Page Subtotal	\$330.00	
			Grand Total of All Schedules 1A		
		(Com	plete on last page of Schedule)	Enter this total on	_
Page of				line 3a of Summary Page.	,



#### **CANDIDATE COMMITTEE**

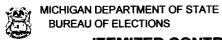
1. Committee I.D. Number

139637

2. Committee Name

Lisa Sinclair 4 Clerk

Enter contributor's name and address. If conti middle initial. Check box to indicate if contribut Committee (PAC) Report <u>all</u> contributions rega	tion is from a Political Comm		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 PAC Receipt?  Name & Address:	YES 4. Date of Rece	ipt 09/20/18		
Harrison Cloke 13852 Ida Warren, MI 48089	<b>a</b> -		ş 25.00	<sub>\$</sub> 25.00
5. If over \$100.00 cumulative, please provid			Click Here for	or Memo Itemization
Occupation	Employer			
Business Address		1		
Type of Contribution: V Direct	Loan from a person	Fund Raiser		
3. Contribution #2 PAC Receipt?  Name & Address	YES 4. Date of Recei	ipt 09/02/18		
Erica Goe 15427 Lakeside Village Dr Apt 2 Clinton Township, MI 48038	201		<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
5. If over \$100.00 cumulative, please provide	9:		Click Here fo	or Memo Itemization
Occupation E	mployer	<del></del>		
Business Address				
Type of Contribution: ✓ Direct	Loan from a person	Fund Raiser		
3. Contribution # 3 PAC Receipt? Name & Address:	YES 4. Date of Reco	eipt 09/02/18		
Scott Pike 17183 Mayfield Macomb Township, MI 48042			\$ 20.00	\$20.00
5. If over \$100.00 cumulative, please provid	<b>e</b> :			
Occupation Retired	Employer	<u> </u>		
Business Address  Type of Contribution:  Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 PAC Receipt? Name & Address	YES 4. Date of Rec	eipt 09/20/18		
Gail Hicks 51308 Industrial Macomb Township, MI 48042			<sub>\$</sub> 100.00	<sub>\$_</sub> 100.00
5. If over \$100.00 cumulative, please provide	e:		Click Here fo	or Memo Itemization
Occupation	Employer			
Business Address				
Type of Contribution:  Direct	Loan from a person	Fund Raiser		
	_	Page Subtotal rand Total of All Schedules 1A plete on last page of Schedule)	\$170.00	
Pageof	(Con	prote on last page of ouredule)	Enter this total on line 3a of Summary Page.	,

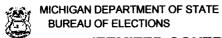


#### **CANDIDATE COMMITTEE**

1. Committee I.D. Number

139637

	o indicate if contri	bution is from a Political Co	lual, enter last name, first name, ommittee or an Independent	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt?	YES 4. Date of R	Receipt 09/02/18		
Name & Address: Jeff Rozumny 24006 Blue Jay Clinton Township,		:d.,		<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumula				Click Here f	or Memo Itemization
Occupation	<del>2</del>	Employer			
Business Address	1 F	1			
Type of Contribution: ✓	Direct	Loan from a person	Fund Raiser		
Contribution #2  Name & Address	PAC Receipt?	YES 4. Date of R	Receipt 09/02/18		
Cynthia Love 18280 Prevost St. Detroit, MI 48235				<u>\$</u> 20.00	\$ 20.00
5. If over \$100.00 cumula	tive, please prov	ide:		Click Here for	or Memo Itemization
Occupation		Employer			
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Date of I	Receipt 09/02/18		
Angela Sontag 5141 Carrigan Rd North Street 4804				\$ 20.00	\$ 20.00
5. If over \$100.00 cumula	ntive, please prov	ride:		Click Here to	or Memo Itemization
Occupation		Employer			
Business Address Type of Contribution:	Direct	Loan from a person	Fund Raiser		
Contribution # 4     Name & Address	PAC Receipt?	YES 4. Date of	Receipt <u>09/03/18</u>		
April Ryniewicz 30851 North River Harrison Township				<sub>\$</sub> 25.00	<sub>\$_</sub> 25.00
5. If over \$100.00 cumula	ative, please prov	/ide:		Click Here fo	or Memo Itemization
Occupation		Employer			
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
		(0	Page Subtotal Grand Total of All Schedules 1A Complete on last page of Schedule)	\$115.00  Enter this total on	
Page of				line 3a of Summar Page.	у

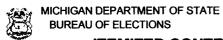


#### **CANDIDATE COMMITTEE**

1. Committee I.D. Number

139637

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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)	
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/04/18 Name & Address:			
Geoffrey Garner 17396 Tower Dr. Macomb, MI 48044		<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:		Click Here fo	or Memo Itemization
Occupation Employer		2	
Business Address			
Type of Contribution:   ✓ Direct Loan from a person Fund Raiser			
Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/05/18  Name & Address			
David Pry 33664 Sunrise Drive Frager Mt 48036		<sub>\$</sub> 250.00	<sub>\$</sub> 250.00
Fraser, MI 48026 5. If over \$100.00 cumulative, please provide:		Click Here fo	or Memo Itemization
Occupation Retired Employer		CHOIL HOLD IC	. Monto nomization
Business Address			
Type of Contribution: ✓ Direct			
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/06/18  Name & Address:			
Donald Burke 3310 Dallas		<sub>\$</sub> 35.00	<sub>\$</sub> 35.00
Warren, MI 48091		Click Here fo	r Memo Itemization
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address  Type of Contribution:   Direct  Loan from a person  Fund Raiser			
Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/06/18  Name & Address			
Robert Shackleton 51601 Wilshire New Baltimore, MI 48047		<sub>\$</sub> 50.00	<sub>s</sub> _50.00
5. If over \$100.00 cumulative, please provide:		Click Hara fo	r Memo Itemization
Occupation Employer		CIICK FIELE IO	I WEITH ILEHHZAUUH
Business Address			
Type of Contribution: V Direct Loan from a person Fund Raiser			
Pa	age Subtotal	\$385.00	
Grand Total of All Sc			
(Complete on last page of	ot Schedule) 1	Enter this total on line 3a of Summary Page.	<del>-</del>



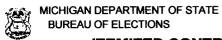
#### **CANDIDATE COMMITTEE**

1. Committee I.D. Number \_\_\_\_\_139637

2. Committee Name

Lisa Sinclair 4 Clerk

	ox to indicate if contr ort <u>all</u> contributions n	ontribution is from an individua ibution is from a Political Con egardless of amount.	•	e, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1  Name & Address:	PAC Receipt?	YES 4. Date of Re	eceipt 09/08/18		
Richard Botimer 32370 Sheffield Fraser, MI 4802 5. If over \$100.00 cum	Court 6	vide:		<sub>\$</sub> 35.00	<sub>\$</sub> 35.00
Occupation	•			Click Here t	for Memo Itemization
Business Address		_ Limployer		<del></del>	
Type of Contribution:	<b>√</b> Direct	Loan from a person	Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?	<u> </u>	ceipt 09/12/18		
David Workun 3879 Galaxy	MI 4004 4			<sub>\$</sub> 50.00	<sub>\$</sub> 100.00
Sterling Heights. 5. If over \$100.00 cum		vido.		Click Horo f	or Memo Itemization
		Employer		Click Here I	or Memo Remization
Occupation					
Business Address		<b>-1</b>	<b>—</b>		
Type of Contribution:		Loan from a person	Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Date of Re	eceipt 09/12/18		
Roger Stevens 16054 Blue Spri Clinton Townshi				<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
5. If over \$100.00 cum	•	vide:		Click Here fo	or Memo Itemization
Occupation		Employer	and the second		
Business Address Type of Contribution:	✓ Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 Name & Address	PAC Receipt?	YES 4. Date of R	Receipt 09/17/18		
Anthony Dimegli 21639 Summerf Macomb Towns	ield Dr. hip, <mark>MI 48044</mark>			<sub>\$</sub> 40.00	<sub>\$</sub> 40.00
5. If over \$100.00 cum	ulative, please pro	vide:		Click Here fo	or Memo Itemization
Occupation		_ Employer			
Business Address			· · · · · · · · · · · · · · · · · · ·		
Type of Contribution:	<b>√</b> Direct	Loan from a person	Fund Raiser		
		(Co	Page Sul Grand Total of All Schedule omplete on last page of Sche	es 1A	
Page6of				Enter this total on line 3a of Summar Page.	у

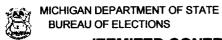


#### CANDIDATE COMMITTEE

1. Committee I.D. Number 139637

Committee Name	Lisa	Sinclair	4	Clerk	
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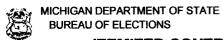
	ox to indicate if contr	ontribution is from an indivic ribution is from a Political C regardless of amount.			6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1  Name & Address:	PAC Receipt?	YES 4. Date of I	Receipt	09/22/18		
Nicole Saydak 20507 Webster Clinton Townshi	-				<sub>\$</sub> 10.00	<sub>\$</sub> 10.00
5. If over \$100.00 cun	nulative, please pro	vide:			Click Here f	or Memo Itemization
Occupation		_ Employer				
Business Address						
Type of Contribution:	✓ Direct	Loan from a person		Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?	YES 4. Date of F	Receipt	09/25/18		
Tracey Butterwo 73 Spring Dale Dallas, GA 301	Lane				<sub>\$</sub> 35.00	<sub>\$</sub> 35.00
5. If over \$100.00 cum		vide:			Click Here for	or Memo Itemization
Occupation	· · · · · · · · · · · · · · · · · · ·	Employer				
Business Address		,				
Type of Contribution:	<b>√</b> Direct	Loan from a person		Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Date of	Receip	t 09/25/18		
Donna Keith 20336 Homelan Roseville, MI 4					<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
5. If over \$100.00 cun		vide:			Click Here fo	r Memo Itemization
Occupation		Employer				
Business Address Type of Contribution:	<b>√</b> Direct	Loan from a person		Fund Raiser		
3. Contribution # 4 Name & Address	PAC Receipt?	YES 4. Date of	f Recei	ot <u>09/26/18</u>		
Loryn Retell 40739 Regency Sterling Heights					<sub>\$</sub> 20.00	<sub>\$</sub> 20.00
5. If over \$100.00 cun	nulative, please pro	vide:			Click Here fo	or Memo Itemization
Occupation	· · · · · · · · · · · · · · · · · · ·	Employer				
Business Address		wind 18. 18. 11. 11.				
Type of Contribution:	<b>√</b> Direct	Loan from a person		Fund Raiser		
7		(		Page Subtotal nd Total of All Schedules 1A ete on last page of Schedule)	\$90.00  Enter this total on line 3a of Summan	
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#### CANDIDATE COMMITTEE

1. Committee I.D. Number \_\_\_\_\_139637

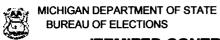
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/26/18  Name & Address:		
Charles Shea		
11349 Eleven Mile Road	<sub>s</sub> 30.00	, 30.00
Warren, MI 48093	\$ 30.00	\$ 00.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		, monto nomeadon
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/26/18  Name & Address		
Richard Botimer 32370 Sheffield Court	<sub>\$</sub> 35.00	<sub>\$</sub> 70.00
Fraser, MI 48026		
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/26/18  Name & Address:		
Marcy LaCross	<sub>s</sub> 50.00	<sub>s</sub> 50.00
32253 Cambridge	<b>3</b>	\$
Warren, Mi 48093	Click Here for	r Memo Itemization
5. If over \$100.00 cumulative, please provide:	,==0	
Occupation Employer		
Business Address  Type of Contribution:   ✓ Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/01/18 Name & Address		
Greg Childs 30247 Lund Warren, MI 48093	<sub>\$</sub> 35.00	<sub>\$</sub> 35.00
5. If over \$100.00 cumulative, please provide:	Oliela I I ama da	r Mama Itaminatian
Occupation Employer	Click Here to	r Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	\$150.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enterthick	
Page of	Enter this total on line 3a of Summary Page.	,



#### CANDIDATE COMMITTEE

1. Committee I.D. Number 139637

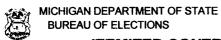
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 09/11/18  Name & Address:		
David Gardner 6740 Shea Road Marine City, MI 48039	<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer	Ţ (1 <b>5.0</b> (	
Business Address  Type of Contribution:  □ Direct  □ Loan from a person  ✓ Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/11/18  Name & Address		
Harry Kurtz 1040 Lakeshore Grosse Pointe, MI 48236	<sub>\$</sub> 250.00	<sub>\$</sub> 250.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation President Employer Triune Specialty Trailers		
Business Address 950 East Whitcomb, Madison Heights, MI 48071		
Type of Contribution: Direct Loan from a person V Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/11/18  Name & Address:		
Margaret Sepienza 14030 Lakeside Blvd. Apt 318 Shelby Township, MI 48315	\$ 50.00	§ 50.00
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 # 4 PAC Receipt? YES 4. Date of Receipt 09/11/18  Name & Address		
Keith Rengert 34080 Armada Ridge Road Richmond, MI 48062	<sub>\$</sub> 40.00	<sub>\$</sub> 40.00
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		
Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page 9	\$390.00  Enter this total on line 3a of Summary Page.	



#### CANDIDATE COMMITTEE

139637 1. Committee I.D. Number \_

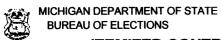
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.						6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1     Name & Address:	PAC Receipt?		YES 4. Date of F	Receipt	09/11/18		
John Foglyano							
102 Moross						100.00	. 100.00
Mt. Clemens, M	48043					<sub>\$</sub> 100.00	\$ 100.00
5. If over \$100.00 cum		vide:				Click Hors fo	or Memo Itemization
Occupation		_ E	mployer			Click nere to	A METHO REINZARON
Business Address							
Type of Contribution:	Direct	ا	oan from a person	<b>√</b>	Fund Raiser		
Contribution #2     Name & Address	PAC Receipt?	Y	ES 4. Date of F	Receipt	09/11/18		
9th District Repu 7007 Metropolita			е			<sub>\$</sub> 750.00	<sub>\$</sub> 750.00
Sterling Heights	•						*
5. If over \$100.00 cum	•	vide:				Click Here fo	r Memo Itemization
Occupation		Emp	oloyer				
Business Address			to the work of the second				
Type of Contribution:	Direct		oan from a person	V	Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?		YES 4. Date of	Receip	t 09/11/18		
Mary Jane John		-				<sub>s</sub> 50.00	, 50.00
14030 Lakeside Shelby Townshi	•	)				Ψ	\$
5. If over \$100.00 cum	•	vide:				Click Here fo	r Memo Itemization
·	•						
Occupation Business Address			iibioloi		······································		
Type of Contribution:	Direct		oan from a person	V	Fund Raiser		
Contribution # 4     Name & Address	PAC Receipt?		YES 4. Date of	Receip	ot 09/11/18		
Kathy Stevens							
11730 Aleta Circ						<sub>\$</sub> 100.00	<sub>s</sub> 100.00
Warren, MI 480							*
5. If over \$100.00 cum	ulative, please pro	vide:	:			Click Here fo	r Memo Itemization
Occupation	<u></u>		Employer	<del></del>			
Business Address			y				
Type of Contribution:	Direct		Loan from a person	<b>√</b>	Fund Raiser		
					Page Subtotal	\$1,000.00	
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Page 10 of						line 3a of Summary Page.	,



#### CANDIDATE COMMITTEE

139637 1. Committee I.D. Number

	x to indicate if contr	ribution is from a Political		nter last name, first name, tee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1     Name & Address:	PAC Receipt?	YES 4. Date of	f Receip	ot 09/11/18		
Mary Kay Sogge 38765 Chartier					<sub>s</sub> 25.00	, 25.00
Harrison Townsh	=				\$ = 0.00	. \$
5. If over \$100.00 cum	ulative, please pro	vide:			Click Here f	or Memo Itemization
Occupation		_ Employer				
Business Address Type of Contribution:	Direct	Loan from a person	<b>✓</b>	Fund Raiser		
Contribution #2  Name & Address	PAC Receipt?	YES 4. Date of	f Receip	t 09/11/18		
David Jaye 25810 Hickory B Bonita Springs, I					<sub>\$</sub> 25.00	ş 25.00
5. If over \$100.00 cum	ılative, please prov	vide:			Click Here for	or Memo Itemization
Occupation		Employer				
Business Address						
Type of Contribution:	Direct [	Loan from a person	✓	Fund Raiser		
Contribution # 3     Name & Address:	PAC Receipt?	YES 4. Date	of Recei	pt <u>09/11/18</u>	_	
Max Fellsman 14612 Alpena Di Sterling Heights,					<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cum		vide:			Click Here fo	or Memo Itemization
Occupation		Employer				
Business Address Type of Contribution:	Direct	Loan from a person	✓	Fund Raiser		
Contribution # 4  Name & Address	PAC Receipt?	YES 4. Date	of Rece	ipt 09/20/18		
Max Fellsman 14612 Alpena Di Sterling Heights,					<sub>\$</sub> 30.00	<sub>\$_</sub> 80.00
5. If over \$100.00 cum	ulative, please pro	vide:			Click Here fo	or Memo Itemization
Occupation		Employer	<u>.</u>			
Business Address						
Type of Contribution:	Direct	Loan from a person	✓	Fund Raiser		
11				Page Subtota and Total of All Schedules 1A lete on last page of Schedule	Enter this total on line 3a of Summan	
Pageof					Page.	



#### **CANDIDATE COMMITTEE**

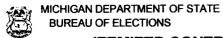
1. Committee I.D. Number \_

139637

2. Committee Name

Lisa Sinclair 4 Clerk

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 09/25/18  Name & Address:		
Paul Smith 41280 Utica Road Storling Heights ML 48213	<sub>s</sub> 207.00	<sub>s</sub> 207.00
Sterling Heights, MI 48313	4	<u> </u>
5. If over \$100.00 cumulative, please provide:	Click Here for	or Memo Itemization
Occupation Retired Employer		
Business Address		
Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/25/18  Name & Address		
David Jaye 25810 Hickory Blvd. #603	<sub>\$</sub> 100.00	<sub>\$</sub> 125.00
Bonita Springs, FL 34134		
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Retired Employer		
Business Address		
Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser		
Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/02/18  Name & Address:		
John Nagy	<sub>s</sub> 50.00	E0 00
26479 Sanajo Ct.	\$ 30.00	<sub>\$</sub> 50.00
Chesterfield, MI 48051	Click Here for	r Memo Itemization
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address  Type of Contribution:   Direct Loan from a person Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/06/18  Name & Address	•	
Steven Dougan 2455 Pine Tree Rd. Holt, MI 48842	<sub>\$</sub> 200.00	<sub>\$_</sub> 200.00
5. If over \$100.00 cumulative, please provide:		
Occupation Registered Representative Employer Farmers Insurance	Click Here fo	r Memo Itemization
Business Address 110 E. Main St., Brighton, MI 48116		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
Page Subtota	al \$557.00	
Grand Total of All Schedules 1/	A	7
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Page of	line 3a of Summary Page.	



#### **CANDIDATE COMMITTEE**

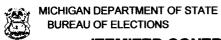
1. Committee I.D. Number \_\_\_\_\_\_1396

139637

2. Committee Name

Lisa Sinclair 4 Clerk

Enter contributor's name middle initial. Check bo Committee (PAC) Repo	x to indicate if contri	ibution is from a Politica		nter last name, first name, tee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt?	YES 4. Date	of Receip	ot <u>09/11/18</u>		
Name & Address: Eric Trombley 49635 Compass New Baltimore, M	<i>I</i> II 48047				<sub>\$</sub> 25.00	<sub>\$</sub> 25.00
5. If over \$100.00 cum	ulative, please prov	vide:			Click Here	for Memo Itemization
Occupation		_ Employer				
Business Address	<u> </u>					
Type of Contribution:	Direct	Loan from a persor	_ ✓	Fund Raiser		
Contribution #2     Name & Address	PAC Receipt?	YES 4. Date	of Receip	09/11/18		
Greg Childs 30247 Lund	2				<sub>\$</sub> 30.00	<sub>\$</sub> 65.00
Warren, Mi 4809		بنامه			Click Horo	for Memo Itemization
5. If over \$100.00 cumu					Click Here	OF MICHIO RCHIIZAUUH
Occupation		Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person	✓	Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Date	of Recei	pt <u>09/11/18</u>		
Steve Pitlock 22326 Erben St. Clair Shores,	MI 48081				<sub>\$</sub> 60.00	<sub>\$</sub> 60.00
5. If over \$100.00 cum		vide:			Click Here f	or Memo Itemization
	,	Employer				
Occupation Business Address						
Type of Contribution:	Direct	Loan from a persor	· 🗸	Fund Raiser		
Contribution # 4     Name & Address	PAC Receipt?	YES 4. Dat	e of Rece	ipt 09/11/18		
Ava McDowell 19862 Abrahm Clinton Township	o, MI 48035				<sub>§</sub> 30.00	ş <u>40.00</u>
5. If over \$100.00 cum	•	vide:			Click Hara f	or Memo Itemization
Occupation		_ Employer	· · · · · · · · · · · · · · · · · · ·		Click Hele I	OF MIGHIO RESTRIZATION
Business Address						
Type of Contribution:	Direct	Loan from a person	n <b>√</b>	Fund Raiser		
				Page Subtotal	\$145.00	
				and Total of All Schedules 1A lete on last page of Schedule)	Enter this had a second	
13 Pageof					Enter this total on line 3a of Summa Page.	

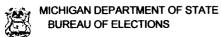


#### **CANDIDATE COMMITTEE**

1. Committee I.D. Number \_

139637

middle initial. Check bo Committee (PAC) Repo	x to indicate if contr t <u>all</u> contributions n	ibution is from a Political egardless of amount.	Commit	-	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1  Name & Address:	PAC Receipt?	YES 4. Date of	of Receip	ot 09/11/18		
David Pry 33664 Sunrise D Fraser, MI 48020					<sub>\$</sub> 25.00	<sub>\$</sub> 225.00
5. If over \$100.00 cumu	ılative, please pro	vide:			Click Horo	for Memo Itemization
Occupation Retired		Employer			Click nere	TOT WELLIO REHIIZATION
Business Address						
Type of Contribution:	Direct	Loan from a person	<b>√</b>	Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?	YES 4. Date o	f Receip	ot 09/11/18		
Jeff Cunningham 29939 Riverside Harrison Townsh	Bay Court	ı.			<sub>\$</sub> 50.00	<sub>\$</sub> 50.00
5. If over \$100.00 cumu	lative, please prov	/ide:			Click Here	for Memo Itemization
Occupation		Employer				
Business Address	- Makania (1871 - 1871 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1					
Type of Contribution:	Direct [	Loan from a person	$\checkmark$	Fund Raiser		
Contribution # 3     Name & Address:	PAC Receipt?	YES 4. Date	of Recei	<sup>pt</sup> 09/20/18	_	
Margaret Sepien 14030 Lakeside Shelby Township	Blvd. Apt 318	:			\$ 30.00	s_80.00
5. If over \$100.00 cumu	llative, please pro	vide:			Click nere i	Of Metho Remization
Occupation		Employer				
Business Address  Type of Contribution:	Direct	Loan from a person	<b>√</b>	Fund Raiser		
Contribution # 4     Name & Address	PAC Receipt?	YES 4. Date	of Rece	ipt 09/20/18		
Mary Jane Johns 14030 Lakeside Shelby Township	Blvd. Apt 225 , MI 48315				<sub>\$</sub> 20.00	<sub>\$</sub> 70.00
5. If over \$100.00 cum	ılative, please pro	vide:			Click Here f	for Memo Itemization
Occupation		_ Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person	✓	Fund Raiser		
				Page Subtota and Total of All Schedules 1A lete on last page of Schedule	5)	
14 Pageof			( - 2 mp	F-19- 3- 3- 3- 3- 3- 3- 3- 3- 3- 3- 3- 3- 3-	Enter this total on line 3a of Summa Page.	



#### **CANDIDATE COMMITTEE**

1. Committee I.D. Number \_

139637

2. Committee Name

Lisa Sinclair 4 Clerk

	x to indicate if contri	bution is from a Political		nter last name, first name, ee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1     Name & Address:	PAC Receipt?	YES 4. Date o	f Receipt	09/20/18		
Nancy Tiseo						
16155 Vista Woo	ds				<sub>s</sub> 50.00	, 250.00
Clinton Township	, MI 48038				\$	\$ 200.00
5. If over \$100.00 cumu	lative, please prov	ride:			Click Here fo	r Memo Itemization
Occupation Retired		Employer				
Business Address		7				
Type of Contribution:	Direct	Loan from a person	<b>√</b>	Fund Raiser		
Contribution #2     Name & Address	PAC Receipt?	YES 4. Date o	f Receipt	09/20/18		
Bob Sinclair					280 00	280 00
817 Riverview	20.40				§ 280.00	<sub>\$</sub> 280.00
Marysville, MI 48					<b></b>	
5. If over \$100.00 cumu	lative, please prov	ride:			Click Here fo	r Memo Itemization
Occupation Retired		Employer	<del></del>			
Business Address						
Type of Contribution:	Direct	Loan from a person	V	Fund Raiser		
Contribution # 3     Name & Address:	PAC Receipt?	YES 4. Date of	of Receip	t	-	
					\$	\$
5. If over \$100.00 cumu	ilative, please prov	ride:			Click Here for	Memo Itemization
Occupation		Employer				
Business Address	7 n					
Type of Contribution:	Direct	Loan from a person	Щ	Fund Raiser		
Contribution # 4     Name & Address	PAC Receipt?	YES 4. Date	of Recei	pt		
					\$	\$
5. If over \$100.00 cumu					Click Here for	Memo Itemization
Occupation		Employer				
Business Address			<del> </del>			
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
				Page Subtotal	\$330.00	
			Gra	nd Total of All Schedules 1A	\$4,202.00	]
			(Comple	ete on last page of Schedule)	Enter this total on	J
45 45					line 3a of Summan	

Page 15 of 15

Page.



#### ITEMIZED IN-KIND CONTRIBUTIONS

#### **SCHEDULE 1-IK**

1. Committee I. D. Number 1396

3963	7		
3903	1		

Enter this total on line 6 of Summary

Page

CANDIDATE COMM	ITTFF 2. Committee Name Lisa Sinclair 4 Cle	rk	
3. Name and Address from whom received if contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	Type of In-Kind Contribution (Check applicable box)     Date of Receipt     Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: Gail Hicks 51308 Industrial Macomb Township, MI 48042 If over \$100.00 cumulative, please provide: Occupation: Owner Employer Name & Business Address: Hicks Plastics 51308 Industrial Macomb Township, MI 48042  Fund Raiser Contribution	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Candy  5. Date Of Receipt: 09/09/18 6. Vendor Name & Address:	186.00 \$	286.00
Contribution #2 PAC Receipt? Yes Name & Address Lisa Sinclair 37969 Elm Lane Harrison Township, MI 48045  If over \$100.00 cumulative, please provide: Occupation: Staff Nurse Employer Name & Address: Tenet-DMC Sinai Grace 6071 Outer Drive Detroit, MI 48235  Fund Raiser Contribution	Goods or Services Purchased by Candidate or Others  Goods or Services Purchased by Candidate or Others- LOAN  Description Banner  Date Of Receipt: 09/01/18  6. Vendor Name & Address:	ck Here for Memo Ite	12,852.77
Contribution #3 PAC Receipt? Yes Name & Address:  Bill Carney 6346 Willow Hwy. Grand Ledge, MI 48337  If over \$100.00 cumulative, please provide: Occupation: Owner Employer Name & Address: Inspiration Webworks 6346 Willow Hwy. Grand Ledge, MI 48337  Fund Raiser Contribution	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Website Hosting  5. Date Of Receipt: 09/15/18  6. Vendor Name & Address:	).00 \$	480.00
	Page Subtotal  Grand Total of all Schedules 1-lk  (Complete on last page of Schedule)	(	

Page 1 of 3



### ITEMIZED IN-KIND CONTRIBUTIONS

#### SCHEDULE 1-IK

1. Committee I. D. Number <u>139637</u>

SOULDOLL 141			
CANDIDATE COMM	ITTEE 2. Committee Name Lisa Sinclair 4 Cle	erk	
3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	Type of In-Kind Contribution (Check applicable box)     Date of Receipt     Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address:  Bill Carney 6346 Willow Hwy. Grand Ledge, MI 48337  If over \$100.00 cumulative, please provide: Occupation: Owner Employer Name & Business Address: Inspiration Webworks 6346 Willow Hwy. Grand Ledge, MI 48337  Fund Raiser Contribution	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Website Hosting  5. Date Of Receipt: 10/15/18 6. Vendor Name & Address:	15.00	\$495.00
Contribution # 2 PAC Receipt? Yes Name & Address Lisa Sinclair 37969 Elm Lane Harrison Township, MI 48045 If over \$100.00 cumulative, please provide:	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Paper & Labels	55.06	s_12,907.83
Occupation: Staff Nurse Employer Name & Address: Tenet-DMC Sinai Grace 6071 Outer Drive Detroit, MI 48235  Fund Raiser Contribution	5. Date Of Receipt: 10/15/18 6. Vendor Name & Address:  WalMart Clic 45400 Marketplace Chesterfield, MI 48051	ck Here for Memo li	emization
Contribution #3 PAC Receipt? Yes Name & Address: Lisa Sinclair 37969 Elm Lane Harrison Township, MI 48045	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-LOAN	00.00 \$	13,107.83
If over \$100.00 cumulative, please provide:  Occupation: Staff Nurse Employer Name & Address:  Tenet-DMC Sinai Grace 6071 Outer Drive Detroit, MI 48235  Fund Raiser Contribution	Description Postage  5. Date Of Receipt: 10/12/18  6. Vendor Name & Address:	ick Here for Memo I	temization
	Dana Cultural	#070 OC	
	Page Subtotal	\$270.06	
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#### ITEMIZED IN-KIND CONTRIBUTIONS SCHEDITE 1-IK 1. Committee I. D. Number 139637

SCHEDULE 1-IK			
CANDIDATE COMM	IITTEE 2. Committee Name Lisa Sinclair 4 Cl	erk	
3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	Type of In-Kind Contribution (Check applicable box)     Date of Receipt     Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: Lisa Sinclair 37969 Elm Lane Harrison Township, MI 48045 If over \$100.00 cumulative, please provide: Occupation: Staff Nurse Employer Name & Business Address: Tenet-DMC Sinai Grace 6071 Outer Drive Detroit, MI 48235	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN Description Postage  5. Date Of Receipt: 10/15/18 6. Vendor Name & Address:	200.00	\$ 13,307.83 emization
Fund Raiser Contribution  Contribution # 2 PAC Receipt? Yes	Marysville, MI 48040  4. Endorsement or Guarantee of Bank Loan		
Name & Address Lisa Sinclair 37969 Elm Lane Harrison Township, MI 48045	Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN		13,607.83
If over \$100.00 cumulative, please provide: Occupation: Staff Nurse Employer Name & Address: Tenet-DMC Sinai Grace 6071 Outer Drive Detroit, MI 48235  Fund Raiser Contribution	Description Postage  5. Date Of Receipt: 10/19/18  6. Vendor Name & Address:  USPS  1238 Michigan Ave.  Marysville, MI 48040	lick Here for Memo It	emization
Contribution #3 PAC Receipt? Yes Name & Address:	4.	\$	
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description  5. Date Of Receipt:  6. Vendor Name & Address:	lick Here for Memo I	temization
Fund Raiser Contribution		<del>-1.</del>	<del></del>
	Page Subtota	<sup>al</sup> \$500.00	
	Grand Total of all Schedules 1- (Complete on last page of Schedule	1.01.3000000	

Enter this total on line 6 of Summary

Page

Page 3 of 3



1. Committee I. D. Number

1	3	9	6	3	7

2. Committee Name Lisa Sinclair 4 Clerk

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		•	
Name Marathon		09/07/18	s 54.00
Address	Purpose: Fuel for Campaigning	Date	
35130 Harper		lom for Momo	Itemization Type
Clinton Township, MI 48035		iere ioi Memo	itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name McDonald's		09/10/18	\$ 6.03
Address	Purpose: Food for Volunteers	Date	
67600 Main St.	Click H	lere for Memo I	temization Type
Richmond, MI 48062			-,
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name Gus' Coney Island		09/11/18	\$ 28.16
Address	Purpose: Food for Volunteers	Date	
55 N. Main	Clink II	ana fan Manna I	tamination Trans
Mt. Clemens, MI 48043		ere ioi ivierno i	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
<sup>Name</sup> Speedy Q		09/12/18	
opody a	,	Date	\$ 52.48
Address	Purpose: Fuel for Campaigning	Daic	
35700 Harper	Click H	ere for Memo l	temization Type
Clinton Township, MI 48035			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name Sandbar Sports Grill		09/13/18	. 00 75
Address	Purpose: Food for Fundraiser	Date	\$ <u>82.75</u>
37030 Jefferson	Click H	lere for Memo	Itemization Type
Harrison Township, MI 48045	Check box if this expenditure is payment of	.C.O IOI MIGINO	
✓ Fund Raiser	debt or obligation reported on previous statement		
	Subtol	tal this page	\$223.42
	Grand Total of all S (Complete on last page		
	,	, i	Francisco Antal

Enter this total on line 8a of **Summary Page** 



Committee L.D. Number 139637

1. Committee I. D. No	umber	
2. Committee Name	Lisa Sinclair 4 Clerk	

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name BP		09/17/18	\$ 55.00
Address	Purpose: Fuel for Campaigning	Date	<u> </u>
42640 Hayes	Click	lere for Memo I	temization Type
Clinton Township, MI 48038		icre for Micrio	iomizution Typo
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name Family Dollar		09/20/18	\$ 38.27
Address	Purpose: Supplies for Fundraiser	Date	
35090 Harper	Click H	lere for Memo I	temization Type
Clinton Township, MI 48035	Check box if this expenditure is payment of		
✓ Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name Little Caesars		09/20/18	\$ 53.00
Address	Purpose: Food for Fundraiser	Date	
47069 Hayes	Click H	lere for Memo I	temization Type
Shelby Township, MI 48315	Check box if this expenditure is payment of		
✓ Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name Boat Town Willy's		09/24/18	
·	Rumasa: Food for Meeting	Date	\$ 35.75
Address	Purpose: 1 Oct 101 Weeking		
28409 South River Road Harrison Township, MI 48045	Click H	lere for Memo I	temization Type
Hallison Township, Wil 40043	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name Microsoft		09/24/18	
Address	Purpose: Software Fees	Date	\$ <u>10.59</u>
One Microsoft Way			
Redmond, WA 98052	Click F Check box if this expenditure is payment of	lere for Memo I	temization Type
Fund Raiser	debt or obligation reported on previous statement		
	Subto	tal this page	\$192.61
	Grand Total of all S	1	
	(Complete on last page	or scredule) [	Enter this total

Enter this total on line 8a of Summary Page

Page 2 of 5



1. Committee I. D. Number

139637

2. Committee Name Lisa Sinclair 4 Clerk

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Facebook		09/25/18	s 751.74
Address	Purpose: Online Advertising	Date	
1601 Willow Rd.		ere for Memo l	temization Type
Menio Park, CA 94025			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name Johnny Black's Public House		09/25/18	s 35.85
Address	Purpose: Food for Fundraiser	Date	
35000 Moravian	Click H	ere for Memo I	temization Type
Sterling Heights, MI 48312	Charleban if this amount there is a summand of		_
<b>√</b> Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name Sam's Club		10/01/18	\$ 554.95
Address	Purpose: Envelopes & Stamps	Date	
1237 32nd Street	Click H	ere for Memo li	temization Type
Port Huron, MI 48060	Check box if this expenditure is payment of		<b>,</b>
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name Facebook		10/03/18	
Address	Purpose Online Advertising	Date	\$ 263.81
Address -	Purpose:		
1601 Willow Rd. Menio Park, CA 94025	Click H	ere for Memo I	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name The UPS Store		10/15/18	
Address	Purpose: Postal Service Fees	Date	\$ <u>70.00</u>
46958 N. Gratiot	•		<del></del>
Chesterfield, MI 48051	Click H	ere for Memo I	temization Type
Fund Raiser	debt or obligation reported on previous statement		
	Subtot	al this page	\$1,676.35
	Grand Total of all S (Complete on last page		
	(Complete on last page	J. 50.50010/	Enter this total

on line 8a of Summary Page



139637

1. Committee I. D. Number 2. Committee Name Lisa Sinclair 4 Clerk

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Speedway		10/15/18	s 56.00
Address	Purpose: Fuel for Campaigning	Date	
18650 Hall Road		lere for Memo I	temization Type
Clinton Township, MI 48038		iere ioi iviemo i	terriization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name The Huntington Bank		10/15/18	<b>\$ 11.00</b>
Address	Purpose: Bank Fees	Date	
39840 Bridgeview	Click H	lere for Memo t	temization Type
Harrison Township, MI 48045	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name Staples		10/19/18	\$ 15.04
Address	Purpose: Printing	Date	•
51382 Gratiot		lere for Memo li	temization Type
Chesterfield Township, MI 48051	Check box if this expenditure is payment of	icic idi ilicino i	ornization Typo
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name Fundly, Inc.		10/01/18	. 00 04
Addison	Pumose: Fundraising Fees	Date	\$ 92.34
Address	Purpose: Turidianing 7 000		
2390 El Camino Real Palo Alto, CA 94306	Click H	lere for Memo I	ternization Type
Fail Aito, CA 34300	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name Anedot		09/22/18	
Address	Purpose: Fundraising Fees	Date	\$ <u>17.60</u>
4017 Buena Vista Suite 109	Click b	lere for Memo l	temization Type
Dallas, TX 75204	Check box if this expenditure is payment of	icic for Micino	tomization Typo
Fund Raiser	debt or obligation reported on previous statement		
	Subto	tal this page	\$191.98
	Grand Total of all (	1	
	(Complete on last page	or scriedule)	

Enter this total on line 8a of Summary Page



# SCHEDULE 1B CANDIDATE COMMITTEE

Committee L.D. Number 139637

Committee I. D. Number
 Lisa Sinclair 4 Clerk

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name BWB Parks & Recreation		09/03/18	\$ 300.00
Address	Purpose: Parade Entry Fee	Date	
Address	1 diposo.		
361 Morton Romeo, MI 48065	Click I	lere for Memo	temization Type
Romeo, wii 40005	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2		· · · · · · · · · · · · · · · · · · ·	
Name Richmond Good Old Days		09/09/18	000.00
Monimona Coda Cia Days	Daniela Francisco	Date	\$ 200.00
Address	Purpose: Parade Entry Fee	Duit	
69500 Beebe St.	Click I	lere for Memo I	temization Type
Richmond, MI 48062			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name Macomb Signs LLC		09/12/18	- 000 00
_	I shele & Printing	Date	\$ 360.00
Address	Purpose: Labels & Printing	54.0	
46566 Erb Dr.	Click H	lere for Memo I	temization Type
Macomb, MI 48042	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4	Statement		
		10/01/10	
Name Lisa Sinclair		10/01/18	\$ 530.00
Address	Purpose: Repayment of Loan	Date	
37969 Elm Lane			
Harrison Township, MI 48045	Click I	lere for Memo I	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name			
		Date	\$
Address	Purpose:	Date	
	Click I	Here for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Lead	The state of the s	otal this page	\$1,390.00
	Count Tatel of all	Cabadulas 4D	
	Grand Total of all (Complete on last page		\$3,674.36

Enter this total on line 8a of Summary Page



1. Committee I.D. Number 13963

7

Lisa Sinclair 4 Clerk

CANDIDATE COMMITTEE 2. C	ommittee Name			<del> </del>
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the composition (Chec	mittee OR b. Debts ck either a or b. Use only for the pur	s and obligations owed <u>to</u> or rpose checked.)	r forgiven <u>by</u> the con	nmittee.
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	Type of Obligation (Description)     Indicate date debt was incurred     Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: Debt	\$		
Lisa Sinclair 37969 Elm Lane	5. <u>Date Debt Was Incurred</u> : 04/16/18	\$		
Harrison Township, MI 48045	6. Original Amount of Debt:	\$	\$ 0.00	\$_246.42
	\$_246.42	<b>\$</b>		FORGIVEN
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type: Debt	<u> </u>		
Lisa Sinclair 37969 Elm Lane	5. <u>Date Debt Was Incurred</u> : 04/23/18	\$		
Harrison Township, MI 48045	6. Original Amount of Debt:	<b>\$</b>	s 0.00	\$_1,533.63
	<b>\$_1,533.63</b>	\$	,	FORGIVEN
If bank loan, name of endorser or guarantor:		\$An	nount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by:	4. Type: Debt	<u> </u>		
Lisa Sinclair	5. <u>Date Debt Was Incurred</u> :	\$		
37969 Elm Lane Harrison Township, MI 48045	05/02/18	<u> </u>	s 0.00	\$ 7 <b>44</b> .16
marrison rownship, wir 40043	6. Original Amount of Debt:	\$	\$_0.00	
	\$	<u> </u>		FORGIVEN
If bank loan, name of endorser or guarantor:		Aı	mount Endorsed: \$_	
		· ·	(Outstanding debt) of all Schedules 1E	\$2,524.21
(C	complete on last page of Schedule s			Enter this total on line 12a "owed

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.

by"" or line 12b "owed to" of the Summary Page

Page 1 of 8



1. Committee I.D. Number

139637

Committee Name Lisa Sinclair 4 Clerk

CANDIDATE COMMITTEE 2. Co	ommittee Name			
This Schedule itemizes: a ✓ Debts and obligations owed by or forgiven the communications.	mittee OR b. Debts	s and obligations owed to or	forgiven by the com	nmittee.
(Chec	k either a or b. Use only for the pu	rpose 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	7. Date and amount of each payment	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:	4. Type: Debt	<u> </u>		
Lisa Sinclair 37969 Elm Lane Harrison Township, MI 48045	5. Date Debt Was Incurred:  06/26/18  6. Original Amount of Debt:  \$ 1,093.51	\$ \$ \$	\$ 0.00	\$_1,093.51
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type: Debt	<u> </u>		'
Lisa Sinclair 37969 Elm Lane Harrison Township, MI 48045	5. <u>Date Debt Was Incurred</u> :  06/26/18  6. <u>Original Amount of Debt</u> :  \$1,374.37	\$ \$ \$ \$	\$_0.00	\$
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$	
Debt #3 Corp? Yes Owed to or by: Lisa Sinclair 37969 Elm Lane Harrison Township, MI 48045	4. Type: Debt  5. Date Debt Was Incurred: 07/02/18  6. Original Amount of Debt: \$ 538.29	\$\$\$\$	\$mount Endorsed: \$_	\$_538.29 FORGIVEN
				\$3,006.17
		Page Subtotal	(Outstanding debt)	Ψ3,000.17
(C	omplete on last page of Schedule :	Grand Total showing amounts owed by o	of all Schedules 1E or to the committee)	Enter this total
				Enter this total on line 12a "owed by" or line 12b

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.

by"" or line 12b "owed to" of the Summary Page



1. Committee I.D. Number

1	39	63	7
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CAN	<b>IDID</b>	ATE	COM	MM	TTEE

2. Committee Name Lisa Sinclair 4 Clerk

CANDIDATE COMMITTEE				
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the cor	mmittee OR b. Debt eck either a or b. Use only for the pu	s and obligations owed <u>to</u> ourpose checked.)	or forgiven by the con	nmittee.
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	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: Debt	\$		
Lisa Sinclair 37969 Elm Lane Harrison Township, MI 48045	5. <u>Date Debt Was Incurred</u> : 07/17/18 6. <u>Original Amount of Debt</u> : \$1,324.00	\$ \$ \$	\$ 0.00	\$
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type: Debt	\$		
Lisa Sinclair 37969 Elm Lane	5. <u>Date Debt Was Incurred</u> : 07/18/18	<u> </u>		
Harrison Township, MI 48045	6. Original Amount of Debt:	\$s	\$ 0.00	\$_500.00
	\$ <u>500.00</u>	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$	
Debt #3 Corp? Yes Owed to or by:	4. Type: Debt	08/14/18 \$50.00		
Lisa Sinclair	5. Date Debt Was Incurred:	08/20/18 \$ 300.00		
37969 Elm Lane Harrison Township, MI 48045	05/10/18 6. Original Amount of Debt:	<u> </u>	\$ 350.00	\$_150.00
	\$ 500.00	\$	·	FORGIVEN
If bank loan, name of endorser or guarantor:		<u> </u>	Amount Endorsed: \$_	
		Page Subtota	al (Outstanding debt)	\$1,974.00
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)				
				Enter this total on line 12a "owed

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.

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



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

139637	

Committee Name Lisa Sinclair 4 Clerk

CANDIDATE COMMITTEE 2. Co	ommittee Name	THE TOTAL PROPERTY OF THE PROP		
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the common (Check	mittee OR b. Debts ok either a or b. Use only for the pu	and obligations owed <u>to</u> or rpose checked.)	forgiven by the con	ımittee.
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	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:	4. Type: Debt	\$		ļ
Lisa Sinclair	5. Date Debt Was Incurred:	<u> </u>		
37969 Elm Lane	08/04/18	\$	0.00	s 395.00
Harrison Township, MI 48045	6. Original Amount of Debt:	\$	\$ <u>0.00</u>	\$_395.00
	\$395.00			FORGIVEN
If bank loan, name of endorser or guarantor:		\$Amo	ount Endorsed: \$	<del></del>
Debt #2 Corp? Yes Owed to or by:	4. Type: Debt	\$		
Lisa Sinclair	5. Date Debt Was Incurred:	\$		
37969 Elm Lane	08/15/18	\$		1 402 01
Harrison Township, MI 48045	6. Original Amount of Debt:	\$	\$	\$_1,402.91
	\$ <u>1,402.91</u>			FORGIVEN
		<u> </u>		
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$	
Debt #3 Corp? Yes Owed to or by:	4. Type: Debt	\$		
Lisa Sinclair	5. <u>Date Debt Was Incurred</u> :	\$		
37969 Elm Lane	05/02/18	\$		35.00
Harrison Township, MI 48045	6. Original Amount of Debt:	 	\$_0.00	\$_35.00
	<b>\$</b> 35.00			FORGIVEN
		<u> </u>		
If bank loan, name of endorser or guarantor:		Aı	mount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	\$1,832.91
(C	omplete on last page of Schedule s	Grand Total showing amounts owed by	of all Schedules 1E or to the committee)	
·				Enter this total on line 12a "owed

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.

by"" or line 12b "owed to" of the Summary Page

Page 4 of 8



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

139637			

CAND	IDATE	COMMITTEE	

2. Committee Name Lisa Sinclair 4 Clerk

CAMPIDA I E COMMITTI EE				
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the com	mittee OR b. Debtsck either a or b. Use only for the pu	s and obligations owed <u>to</u> or rpose checked.)	forgiven by the con	nmittee.
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	7. Date and amount of each payment	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:	4. Type: Debt	<b></b> \$		
Lisa Sinclair 37969 Elm Lane Harrison Township, MI 48045	5. Date Debt Was Incurred:  08/24/18 6. Original Amount of Debt:  \$ 13.00	\$ \$ \$ \$	\$ <u>0.00</u>	\$13.00FORGIVEN
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type: Debt	<u> </u>		
Lisa Sinclair 37969 Elm Lane Harrison Township, MI 48045	5. Date Debt Was Incurred:  08/07/18  6. Original Amount of Debt:  \$ 2,002.48	\$ \$ \$	\$ _0.00	\$ 2,002.48
If bank loan, name of endorser or guarantor:		\$An	nount Endorsed: \$	FORGIVEN
Debt #3 Corp? Yes Owed to or by:	4. Type: Debt	\$		
Lisa Sinclair 37969 Elm Lane Harrison Township, MI 48045	5. <u>Date Debt Was Incurred</u> : 08/03/18 6. <u>Original Amount of Debt</u> : 640.00	\$ \$ \$	\$ 0.00	\$_640.00
If bank loan, name of endorser or guarantor:		Ar	mount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	\$2,655.48
(C	omplete on last page of Schedule s		of all Schedules 1E or to the committee)	
				Enter this total on line 12a "owed

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.

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

Page 5	of 8	
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1. Committee I.D. Number

1	39637	
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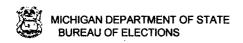
CANDID	ATE	COMM	ITTEE
--------	-----	------	-------

2. Committee Name Lisa Sinclair 4 Clerk

CANDIDATE COMMITTEE				
This Schedule itemizes:				
a	nmittee <b>OR</b> b. Debtsck either a or b. Use only for the pu	s and obligations owed <u>to</u> or rpose checked.)	r forgiven <u>by</u> the con	nmittee.
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: Debt	10/01/18 <sub>\$</sub> 530.00		
Lisa Sinclair 37969 Elm Lane Harrison Township, MI 48045	5. <u>Date Debt Was Incurred</u> : 08/04/18 6. <u>Original Amount of Debt</u> :  \$ 1,250.00	\$ \$ \$ \$	\$ 530.00	\$_720.00 FORGIVEN
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type: Debt	\$		
Lisa Sinclair 37969 Elm Lane Harrison Township, MI 48045	5. <u>Date Debt Was Incurred</u> : 05/31/18 6. <u>Original Amount of Debt</u> : \$ 10.00	\$ \$ \$	\$ _0.00	\$_10.00
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$	
Debt #3 Corp? Yes Owed to or by: Lisa Sinclair 37969 Elm Lane Harrison Township, MI 48045	4. Type: Debt  5. Date Debt Was Incurred:	\$ \$ \$ \$ \$	\$	\$_50.00
If bank loan, name of endorser or guarantor:		Aı	mount Endorsed: \$_	
	Complete on last page of Schedule s	Grand Total	(Outstanding debt) of all Schedules 1E or to the committee)	\$780.00  Enter this total on line 12a "owed

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.

by"" or line 12b "owed to" of the **Summary Page** 



1. Committee I.D. Number

139637

**CANDIDATE COMMITTEE** 

2. Committee Name Lisa Sinclair 4 Clerk

This Schedule itemizes:				
a Debts and obligations owed by or forgiven the com	mittee OR b. Debts ck either a or b. Use only for the pu	s and obligations owed <u>to</u> or rpose checked.)	forgiven by the con	nmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.	4. Type of Obligation     (Description)     5. Indicate date debt was	7. Date and amount of each payment	8. Cumulative payment to date on debt	Outstanding     Balance at close     of this period
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.	incurred 6. Indicate original amount of debt			(Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: Debt	\$		
Lisa Sinclair	5. Date Debt Was Incurred:	\$		
37969 Elm Lane	09/01/18	\$		400.00
Harrison Township, MI 48045	6. Original Amount of Debt:	\$	\$	\$_400.00
	\$_400.00			FORGIVEN
If bank loan, name of endorser or guarantor:		\$\$	· ount Endorsed: \$	
		Alk	Julit Lituoiseu.	
Debt #2 Corp? Yes Owed to or by:	4. Type: Debt	<b></b> \$		
Lisa Sinclair	5. Date Debt Was Incurred:	\$		
37969 Elm Lane	10/15/18	\$		
Harrison Township, MI 48045	6. Original Amount of Debt:		s	\$_55.06
	\$_55.06	\$		FORGIVEN
		<u> </u>		
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$	
Debt #3 Corp? Yes Owed to or by:	4. Type: Debt	<u> </u>		
Lisa Sinclair	5. <u>Date Debt Was Incurred</u> :	<u> </u>		
37969 Elm Lane	10/12/18	\$		200.00
Harrison Township, MI 48045	6. Original Amount of Debt:	<b>\$</b>	I \$	\$_200.00
	\$_200.00	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		Ar	nount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	\$655.06
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)				
V-			´•	Enter this total

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.

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

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### DEBTS AND OBLIGATIONS

1. Committee I.D. Number

139637

SCHEDULE 1E		Lisa Sinclair 4 Clerk
CANDIDATE COMMITTEE	2. Committee Name	

CANDIDATE COMMITTEE 2.0	Committee Name	an room	<del></del>	· · · · · · · · · · · · · · · · · · ·
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the con (Che	nmittee OR b. Debtseck either a or b. Use only for the pu	s and obligations owed <u>to</u> o rpose checked.)	or forgiven by the con	nmittee.
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:	4. Type: Debt			
Lisa Sinclair	5. Date Debt Was Incurred:	\$		
37969 Elm Lane	10/15/18	\$		200.00
Harrison Township, MI 48045	6. Original Amount of Debt	s	\$	\$_200.00
	\$ 200.00			FORGIVEN
If heads been some of andomore or assessment		<b>.</b> \$		
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type: Debt	<u> </u>		
Lisa Sinclair	5. Date Debt Was Incurred:	<u> </u>		
37969 Elm Lane	10/19/18	\$		e 300.00
Harrison Township, MI 48045	6. Original Amount of Debt:	\$	I \$	\$_000.00
	\$300.00	\$		FORGIVEN
If bank loan, name of endorser or guarantor:			manust Fundaments &	
Debt #3 Corp? Yes		I A	mount Endorsed: \$	
Owed to or by:	4. Type:	<u> </u>		
	5. Date Debt Was Incurred:	\$		
		\$		
	6. Original Amount of Debt:	 	1 \$	\$
	\$	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$_	
		Page Subtota	l (Outstanding debt)	\$500.00
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)				\$13,927.83
				Enter this total on line 12a "owed

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.

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

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Summary Page.

Page \_1 \_\_\_ of \_3

### **FUND RAISER SCHEDULE 1F**

	13963
1. Committee I.D. Number	

CANDIDATE CO	MMITTE	<b>E</b> 2. Con	nmittee Name Lisa Sinclair 4	l Clerk
	- USE A	SEPARATE SH	EET FOR EACH EVENT	
3. Date Event Was Held	or Participa	of Individuals Attending ating (whichever is	5. Type of Fund Raising Activity	Address and Name (If any) of t place where the activity was held.
09/11/18	greater)		Cocktail Party	Sandbar Sports Grill 37030 Jefferson Harrison Township, MI 48 Private Residence
7. Total Contributions		\$1,710.00		
8. Other Receipts		\$0.00		
9. Gross Receipts (Add lines 7	and 8)	\$1,710.00		
10. Total Cost of Event (Total Cost includes In-Kind Co	ontributions	\$82.75 and All Expenditures Made For the Event)		
11. Check if event was a jo	oint fund ra	iser and complete the	e following:	
Co-Sponsor(s)		Contribution (%)	Split	Expenditure Split (%)
	- -			
	<u>-</u>			
	-			
	<del>-</del>		-	
			agaraga da sanada mada mada mada mada mada mada mada	
period covered by the	Campaign	Statement.	er Schedule for each fund rais hedule must also be reported	

Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the

Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



### FUND RAISER SCHEDULE 1F

L Committee I D Nomber	139637
I. Committee I.D. Number	

CANDIDATEC		2. Com	mittee Name LISA SINCIAIR	4 Cierk
	- USE	A SEPARATE SH	EET FOR EACH EVEN	Τ-
3. Date Event Was Held		er of Individuals Attending pating (whichever is	5. Type of Fund Raising Activity	Address and Name (If any) of the place where the activity was held.
09/20/18	greater)	14	Luncheon	13285 Hall Rd. Utica, MI 48315 Private Residence
7. Total Contributions		\$410.00		
3. Other Receipts		\$0.00		
9. Gross Receipts (Add lines 7	and 8)	\$410.00		
10. Total Cost of Event Total Cost includes In-Kind Co		\$91.27 and All Expenditures	Made For the Event)	
11. Check if event was a j	oint fund r	raiser and complete the	following:	
Co-Sponsor(s)		Contribution S (%)	Split	Expenditure Split (%)
	<del>-</del>			
	<del>,,,,,,,</del>			
and other transfer the Marie Control		<del> </del>		
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	<del></del>	***************************************	<del></del>	
		<del></del>		
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- 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.

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Page	~	of <sup>3</sup>



### FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

	139637
1. Committee I.D. Number	

2. Committee Name	Lisa	Sinclair	4	Clerk	
Z Committee Name		•	•	w.w	

	- USE A SEPARATE SH	EET FOR EACH EVENT		
3. Date Event Was Held	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held.	
09/25/18	15	Cocktail Party	Johnny Black's Public Hous 35000 Moravian Dr. Sterling Heights, MI 48312 Private Residence	
7. Total Contributions	\$307.00			
3. Other Receipts	\$0.00			
9. Gross Receipts (Add lines 7	and 8) \$307.00	\$307.00		
10. Total Cost of Event (Total Cost includes In-Kind Co	\$35.85 Intributions and All Expenditures	s Made For the Event)		
	int fund raiser and complete the			
Co-Sponsor(s)	Contribution § (%)	Split	Expenditure Split (%)	
***************************************		**************************************		
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- 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.

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