

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

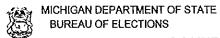
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	signed by ndidate.	3. This Statement covers From:	10/22/18 to 11/26/18	
1. Committee I.D. Number	<u> </u>	4. Candidate Last Name	First Name	M.1.
139637		Sinclair	Lisa	E
		4a. Office Sought Including Dist	rict # or Community Served (If applicab	le)
2. Committee Name		Macomb County Clerk	/ Register of Deeds	
Lisa Sinclair 4 Clerk		4b. County of Residence MAC	СОМВ	
5. Committee's Mailing Address	·	6. Treasurer's Name & Resider	ntial Address	ထိ
46958 N. Gratiot Ave.		Kenneth J. Verkest	MI 48045	DEC 55
P.O. Box 262		39285 N. Blom		G =n
Chesterfield, MI 48051		Harrison Township, N	MI 48045	
Area Code and Phone (586) 569-9211 If the address in this box is different from the commitmailing address on the Statement of Organization, rube sent to this address by the filing official.	ttee nail may	Area Code & Phone (586) 91	4-9944	PM 1: 1
7. Treasurer's Business Address		8. Designated Record Keeper's	s Name and Address (If the committee	has a
38151 L'Anse Creuse		Designated Record Keeper) N / A		
Harrison Township, MI 48045				
/F00\ 044 0044				
Area Code and Phone (586) 914-9944		Area Code and Phone	9e. Dissolution of Candidate Comm	nittaa
9. TYPE OF STATEMENT	Required Oi	NLY if candidate		
9a. Pre-Election OR 9b. Post-Election	is not on the	ballot for the	By checking this item I/We certify by the committee to the candidate or it	
Pre-Election or Post-Election Statement relates to:		•	by discharged and forgiven, and no lot the committee. The committee has no	nger collectible from
Primary	July Quar	terly	owes no lates fees or has any oustand	
	October (Quarterly		and a start state to
⊠General .		•	Further, if the dissolution cannot be groonsidered a request for the Reporting	anted, that this be Waiver.
Convention				
Special	9c. Annu	al Statement ()	Effective date of dissolution	
School		Coverage Year		
Caucus	9d. Amer	ndment to Campaign Statement plete Item 9a, 9b, 9c or 9e to		-
	indica	ate which Statement is being	Note: The disposition of residual fund Schedule 1B and the Summary Page.	s must be reported on
	amen	ucu.j		
Date of Election, Convention or Caucus				
11/06/18				
				•
10. Verification: I/We certify that all reasonable dilig	ones uma una	Lin the preparation of this statem	ant and attached exhadulas (if any) and	I to the best of
10. Verification: I/We certify that all reasonable dilig- my/our knowledge and belief the contents are true,	ence was used accurate and d	omplete.	ет, ана ацаснев вспечиев (п апу) атк	rio die oest Of
Current Treasurer or Designated Record keeper	erkest	, 1) Date 12	10/18
Type or Print Name		Signature	200	
Candidate Lisa Sinclair		, Lund	Date 12	-10-18
Type or Print Name)	Signature		

1. Committee I.D. Number 139637

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Lisa Sinclair 4 Clerk

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>905.88</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ \$905.88	(18.) \$ \$6,907.88
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.) \$ \$905.88	(20.) \$ \$6,907.88
IN-KIND CONTRIBUTIONS & EXPENDITURES	•	
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$1,107.06	(21.) \$ \$16,181.89
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ \$0.00	(22.) \$ \$0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$1,473.82	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$1,473.82	(23.) \$ \$6,872.99
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ \$0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ \$0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ \$0.00	(24.) \$ \$0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations	· ·	
a. Owed by the Committee (Schedule 1E)	(12a.) \$ \$16,016.77	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ \$0.00	
 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 	### ##################################	



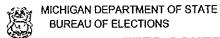
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number _____139637

. Committee Name	Lisa Sinclair 4 Clerk	
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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 11/05/18 Name & Address: David Workun		
3879 Galaxy Blvd.	, 25.00	. 125.00
Stering Heights, MI 48314	ş_20.00	\$ 120.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Retired Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	aniak <u>Romanikkokokologorek</u> ampipiniakokopipuniakikohilistekspiraren	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 11/03/18 Name & Address		
Dexter McDade 11410 Canal Rd. #206	_{\$} 50.00	ş 50.00
Sterling Heights, MI 48314	Oliale Hans fo	r Mama Hamiratian
5. If over \$100.00 cumulative, please provide:	Click Here to	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser	opposition and the second seco	an after de montal in the de America and a state of the state of the America and America a
Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/30/18 Name & Address:	-	
Deborah Palazzoio	_s 100.00	_s 100.00
21439 Buick Open Dr.	ş <u></u>	\$ 100.00
Macomb, MI 48042	Click Here for	r Memo Itemization
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/29/18 Name & Address		
Bob Forreider 49645 Draper Circle Plymouth, MI 48170	_{\$} 5.00	_{\$} 5.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	Click Here fo	r Memo Itemization
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
Page Subtota	\$180.00	
	\$ 100.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	_



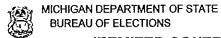
ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

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 11/02/18	,	, , , , , , , , , , , , , , , , , , ,
Ben Ramirez 7100 Bluff Springs Rd. 106 Austin, TX 78744 5. If over \$100.00 cumulative, please provide:	_{\$} 100.00	_{\$} 100.00
Occupation Employer	Click Here for	or Memo Itemization
Business Address Type of Contribution:		·
B. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/24/18 Name & Address		
Lisa Sinclair 37969 Elm Lane Harrison Township, MI 48045	ş 230.00	ş 1430.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Staff Nurse Employer Tenet DMC Sinai Grace		
Business Address 6071 Outer Drive, Detroit, MI 48235		
Type of Contribution: Direct Loan from a person Fund Raiser	1886 ^{(Marie} l 1988 - Yang yang sang sang bahari kandalah kansanya at sang sang sang sang sang sang bahari kan	ansangaa kana aa aa aa aa aa ah aa kinna aa kana kinna aa kinna aa ah aa a
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/24/18 Name & Address:		
Lisa Sinclair 37969 Elm Lane Harrison Township, MI 48045	_{\$} 15.88	<u>\$ 1745.88</u>
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Staff Nurse Employer Tenet DMC Sinai Grace		
Business Address 6071 Outer Drive, Detroit, MI 48235 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 11/05/18 Name & Address		
Lisa Sinclair 37969 Elm Lane Harrison Township, MI 48045	_{\$} 310.00	_s 2055.88
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Staff Nurse Employer Tenet DMC Sinai Grace		
Business Address 6071 Outer Drive, Detroit, MI 48235		
Type of Contribution: Direct Loan from a person Fund Raiser		MANUTALIS CONTROLLA CANDA DI CALLA CANDA DI CAND
Page Subtota Grand Total of Ali Schedules 1A (Complete on last page of Schedule) Page 2 of 3	75555	у



Page 3 of 3

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number _

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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 Name & Address:	PAC Receipt?		YES 4. Date of Receipt	11/05/18	YOOGAAA AH SAARAA HAA GOODOO EE EAAA AA GOOAA EE EE AAAAAA AA AA AA	KO PERIODE NEKERI SERI ARROLING I LIDEL SENERJY ZA STURSKI ZZALI MINIO PERIODE MENINGENSI SERI SERI ZA SERI J KOLONI SERI SERI JERUS KOROLING I LIDEL SENERJY ZA STURSKI ZZALI MINIO PERIODE MENINGENSI SERI SERI ZA SERI J
Aaron Carr						
Warren, MI				·	_{\$} 35.00	_{\$} 35.00
5. If over \$100.00 cumula	tive, please pro	vid	2 :		Click Here fo	r Memo Itemization
Occupation		_	Employer			
Business Address	1 P			·		
Type of Contribution:	Direct		Loan from a person	Fund Raiser		annistatisseetta verteetaa ay taaviista vastasta ka
3. Contribution #2 Name & Address	PAC Reœipt?		YES 4. Date of Receipt	11/05/18		
Michelle Glandon 35310 Rhodes Clinton Twp., Mi	18035				<u>\$</u> 25.00	_{\$} 25.00
5. If over \$100.00 cumula		vid	9:		Click Here fo	r Memo Itemization
Occupation		Εi	nployer			
Business Address		•				
Type of Contribution:	Direct		Loan from a person	Fund Raiser		
Contribution # 3 Name & Address:	PAC Receipt?		YES 4. Date of Receip	ot 11/05/18	ner 1800 eta 1814 - Arriva Brazilia eta 1814 eta 1818 eta	ntario neessa afii kakuu siirii kasaa qaan qaa qaa ka k
Paul Norton 1527 Lyon St.	2000				<u>\$ 10.00</u>	_{\$} 10.00
Port Huron, MI 48		wid	۵۰		Click Here for	Memo Itemization
	aro, pieses pre					
Business Address		-	широуог			
	Direct		Loan from a person	Fund Raiser		
3. Contribution # 4 Name & Address	PAC Receipt?		YES 4. Date of Recei	pt		
					\$	s
5. If over \$100.00 cumul:	ativa nlasca ne	wie	lo'			
		741C			Click Here for	r Memo Itemization
Occupation	<u> </u>	_	Employer			
Business Address		_				
Type of Contribution:	Direct	liselettrise	Loan from a person	Fund Raiser	akkan on marka wanna ang kanalan da da kanalan da ang ang ang ang ang ang ang ang ang an	BI THE STORE OF TH
				Page Subtotal	\$70.00	_
				and Total of All Schedules 1A ete on last page of Schedule)	\$905.88	
			(Compi	ete offiast page of scriedule)	Enter this total on	_



ITEMIZED IN-KIND CONTRIBUTIONS

Committee I. D. Number	139637
Johnninge I. D. Number	

SCHEDULE 1-IK	 Committee I. D. Nu 	mber 100001
OOHEDOEE THE		Lisa Sinclair 4 Clerk
CANDIDATE COMMITTEE	2. Committee Name	Lisa Giriciali - Olerk
OVINDIBY IF A CHIMILLIFE		

Goods or Services Purchased by Candidate or Others	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.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. 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)
Name & Address	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 Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Online Advertising 5. Date Of Receipt: 11/01/18 6. Vendor Name & Address: Facebook 1601 Willow Rd.	· · · · · · · · · · · · · · · · · · ·	12,802.77
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 Goods Donated or Loaned Services Donated \$491.04 \$13,559. Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others County County Candidate or Others Description Online Advertising 5. Date Of Receipt: 11/05/18 6. Vendor Name & Address: Click Here for Memo Itemization Facebook 1601 Willow Rd. Menlo Park, CA 94025	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	Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Online Advertising Date of Receipt: 11/05/18 Wendor Name & Address: Facebook Click Click Color Willow Rd.		13,068.79
Detroit, MI 48235 Menlo Park, CA 94025	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	Goods Donated or Loaned Services Donated \$ 49 Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Online Advertising 5. Date Of Receipt: 11/05/18 6. Vendor Name & Address: Cli Facebook		13,559.83
Page Subtotal \$1,107.06 Grand Total of all Schedules 1-IK (Complete on last page of Schedule) \$1,107.06		Menlo Park, CA 94025 Page Subtotal Grand Total of all Schedules 1-life	\$1 107 06	

Enter this total on line 6 of Summary Page



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

1	39	6	3	7
•	~	•	•	•

2. Committee Name Lisa Sinclair 4 Clerk

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		 	
Name Microsoft		10/22/18	s 10.59
Address	Purpose: Software Fees	Date	
One Microsoft Way	Click H	lere for Memo I	ternization Type
Redmond, WA 98052	_		-
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name Staples		10/23/18	\$ 2.12
Address	Purpose: Office Supplies	Date	
51382 Gratiot	Click H	lere for Memo I	temization Type
Chesterfield Township, MI 48051			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		•
Expenditure #3			
Name Facebook	·	10/24/18	s 750.00
Address	Purpose: Online Advertising	Date	
1601 Willow Rd.	ርክ _ላ ት ከ	loro for Mama !	temization Type
Menlo Park, CA 94025		icic ioi menio i	territzation Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		:
Expenditure #4			
^{Name} Staples		10/20/10	
Otapico		10/29/18 Date	\$ 2.72
Address	Purpose: Office Supplies	Date	
51382 Gratiot	OT 4.4		
Chesterfield Township, MI 48051		iere for Memo i	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous		
	statement		
Expenditure #5			
Name Microsoft		11/21/18	
Address	Purpose: Software Fees	Date	\$ 10.59
One Microsoft Way	Click I	Here for Memo	temization Type
Redmond, WA 98052	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		~~
	Subto	tal this page	\$776.02
	Grand Total of all 5 (Complete on last page		
		•	F-14-1-1

Enter this total on line 8a of Summary Page

Page _____of ____



ITEMIZED EXPENDITURES **SCHEDULE 1B CANDIDATE COMMITTEE**

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 USPS		11/02/18	\$ 10.00
Address	Purpose: Postage	Date	
155 S. Main St.		lere for Memo I	temization Type
Mt. Clemens, MI 48043		iolo iol moliio i	tomization typo
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name Staples		11/01/18	\$ 4.12
Address	Purpose: Office Supplies	Date	<u> </u>
51382 Gratiot	Click I	lere for Memo I	temization Type
Chesterfield Township, MI 48051	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name Facebook		10/24/18	\$ 303.08
Address	Purpose: Online Advertising	Date	\$ 303.00
1601 Willow Rd.	Click F	lere for Memo I	temization Type
Menlo Park, CA 94025 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous		
Expenditure #4	statement		
Name Staples		44/02/40	
Staples		11/02/18 Date	\$ <u>1.52</u>
Address	Purpose: Office Supplies	50.0	
51382 Gratiot	Click F	/ lere for Memo l	temization Type
Chesterfield Township, MI 48051	Check box if this expenditure is payment of		7 F
Fund Raiser	debt or obligation reported on previous statement	···	
Expenditure #5			
Name Anedot		11/07/18	. 40 ===
Address	Purpose: Fundraising Fees	Date	\$ <u>12.70</u>
4017 Buena Vista Suite 109		dore for Memo	Itemization Type
Dallas, TX 75204	Check box if this expenditure is payment of	TOTO TOT WICHTO	TOTAL COLOR TYPE
Fund Raiser	debt or obligation reported on previous statement		
	Subto	otal this page	\$331.42
	Grand Total of all (Complete on last page		
	Complete on last page	o or concuercy	

Enter this total on line 8a of Summary Page

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ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

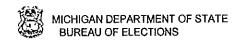
139637

2. Committee Name	Lisa	Sinck	air 4	Cleri
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3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Stripe		11/14/18	\$ 6.38
Address	Purpose: Fundraising Fees	Date	
185 Berry St.		loro for Momo l	temization Type
San Francisco, CA 94110		icie iui iviciliu i	ternization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name Lisa Sinclair		11/08/18	\$ 360.00
Address	Purpose: Repayment of Loan	Date	
37969 Elm Lane	Click H	lere for Memo I	temization Type
Harrison Township, MI 48045	l		
Fund Raiser	✓ Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name			
Address	Purpose:	Date	\$
	Click H	lere for Memo l	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous		·
Expenditure #4	statement		
Name			
		Date	\$
Address	Purpose:	Date	
	Click L	loro for Mama	temization Type
	l	icic ioi menioi	terrizados 13pe
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name			
Address	Purpose:	Date	\$
	Click I	lere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
		tal this page	\$6.38
•	Grand Total of all s (Complete on last page		\$1,473.82
	(complete all last hage		<u> </u>

Enter this total on line 8a of Summary Page

Page 3 of 3



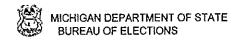
DEBTS AND OBLIGATIONS 1. Committee I.D. Number 139637 **SCHEDULE 1E**

139637

Lisa Sinclair 4 Clerk

CANDIDATE COMMITTEE 2. C.	ommittee Name			
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the com- (Chec	mittee OR b. Debts on white by Debts Debts only for the pure	and obligations owed <u>to</u> or rpose checked.)	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	<u> </u>		
Lisa Sinclair	5. Date Debt Was Incurred:	<u> </u>	1	
37969 Elm Lane	04/16/18	\$		s 246.42
Harrison Township, MI 48045	6. Original Amount of Debt:	\$	\$ 0.00	\$_Z40.4Z
	\$ <u>246.42</u>	\$		FORGIVEN
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:	\$		
37969 Elm Lane	04/23/18	s		1 522 62
Harrison Township, MI 48045	6. Original Amount of Debt	\$	\$ <u>0.00</u>	\$_1,533.63
	\$_1,533.63	\$		FORGIVEN
if bank loan, name of endorser or guarantor:		Ar	nount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by:	4. Type: Debt	\$		
Lisa Sinclair	5. Date Debt Was Incurred:	\$		
37969 Elm Lane	05/02/18	s		744.40
Harrison Township, MI 48045	6. Original Amount of Debt:	\$	\$_0.00	\$ 744.16
	ş <u>744.16</u>			FORGIVEN
		\$		
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$	
		Page Subtota	ıl (Outstanding debt)	\$2,524.21
(C	Complete on last page of Schedule	Grand Tota showing amounts owed by	l of all Schedules 15 or to the committee	Enter this total
A debt or obligation must be shown on this Sched this Campaign Statement or it was forgiven during	ule if there was an outstanding a the period covered by this Cam	mount owed on it at the opaign Statement.	closing date of	on line 12a "owed by" or line 12b "owed to" of the Summary Page

Page 1 of 10



1. Committee I.D. Number

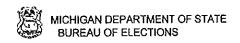
139637	
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	2. Committee Name LISA SINCIAIR	4 Clerk
CANDIDATE COMMITTEE		

And the state of state of the s				
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee. (Check either a or b. Use only for the purpose checked.)				
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.	Type of Obligation (Description) Indicate date debt was	Date and amount of each payment	8. Cumulative payment to date on debt	9. 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	06/26/18	\$		4 000 54
Harrison Township, MI 48045	6. Original Amount of Debt:	•	\$ 0.00	\$ 1,093.51
	s 1,093.51			FORGIVEN
	Y	\$	1	
If bank loan, name of endorser or guarantor:	_	Am	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type: Debt	\$		
Lisa Sinclair	5. <u>Date Debt Was Incurred</u> :	s		
37969 Elm Lane	06/26/18	s		4 274 27
Harrison Township, MI 48045	6. Original Amount of Debt:		\$ 0.00	\$ <u>1,374.37</u>
	ş <u>1,374.37</u>	<u> </u>		FORGIVEN
		\$		_
If bank loan, name of endorser or guarantor.		Ar	mount Endorsed: \$_	1
Debt #3 Corp? Yes Owed to or by:	4. Type: Debt	\$	1	
Lisa Sinclair	5. <u>Date Debt Was Incurred</u> :	\$		
37969 Elm Lane	07/02/18	<u> </u>		E20 20
Harrison Township, MI 48045	6. Original Amount of Debt:	s	I \$	\$ 538.29
	\$ 538.29			FORGIVEN
		\$		
if bank loan, name of endorser or guarantor:		A	mount Endorsed: \$_	
		Page Subtota	ıl (Outstanding debt)	\$3,006.17
<u>.</u>		Grand Tota	of all Schedules 1E	
(Complete on last page of Schedule showing amounts owed by or to the committee) 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.

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



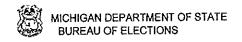
DERTS AND ORI IGATIONS 1 Committee I D Number

139637		
		-

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. Debt #1	minus
This Schedule itemizes: a	e at close period minus
a Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee. (Check either a or b. Use only for the purpose checked.) 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. Debt #1	e at close period minus
(Check either a or b. Use only for the purpose checked.) 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. Debt #1	e at close period minus
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. Debt #1	e at close period minus
Owed to or by: 4. Type: Debt \$ Lisa Sinclair 5. Date Debt Was Incurred: \$ 37969 Elm Lane 07/17/18 \$ Harrison Township, MI 48045 6. Original Amount of Debt: \$ \$ 1,324.00 \$ If bank loan, name of endorser or guarantor: Amount Endorsed: \$ Debt #2 Corp? Yes Owed to or by: 4. Type: Debt \$ Lisa Sinclair 5. Date Debt Was Incurred: \$ 37969 Elm Lane 07/18/18 \$	324.00
37969 Elm Lane	324.00
Debt #2 Corp? Yes 4. Type: Debt \$ Lisa Sinclair 5. Date Debt Was Incurred: \$ 37969 Elm Lane 07/18/18 \$ 5. Description \$ Corp? Yes 4. Type: Debt \$ Corp? Debt Corp. Corp. Corp. Corp. Debt Corp.	ORGIVEN
Coved to or by: Lisa Sinclair 37969 Elm Lane 5. Date Debt Was Incurred: 07/18/18	
Familison Township, IVII 40045 [6. Original Amount of Dept.] \$ 0.00 1 \$ 0.	0.00 DRGIVEN
if bank loan, name of endorser or guarantor: Amount Endorsed: \$	
Debt #3 Corp? Yes 4. Type: Debt 08/14/18 \$ 50.00	0.00 ORGIVEN
If bank loan, name of endorser or guarantor: Amount Endorsed: \$	
Page Subtotal (Outstanding debt) Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee) Enter on lin	74.00

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

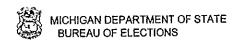
CANDIC	ATE	CON	MI	TEE

2. Committee Name Lisa Sinclair 4 Clerk

This Schedule itemizes:				
a Chebts and oblinations owed by or foreign the com	mittee OR b. Debts ck either a or b. Use only for the pu	s and obligations owed <u>to</u> o rpose checked.)	r forgiven <u>by</u> the com	mittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.	Type of Obligation (Description) Indicate date debt was	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
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 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: Debt	\$		
Lisa Sinclair	5. Date Debt Was Incurred:	\$		
37969 Elm Lane	08/04/18	\$		e 395.00
Harrison Township, MI 48045	6. Original Amount of Debt:	\$	\$ 0.00	-
	\$ <u>395.00</u>		, ,	FORGIVEN
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type: Debt	\$		
Lisa Sinclair	5. Date Debt Was Incurred:	<u> </u>		
37969 Elm Lane	08/15/18	\$		4 400 04
Harrison Township, MI 48045	6. Original Amount of Debt	1	\$ <u>0.00</u>	\$_1,402.91
	<u>\$ 1,402.91</u>	\$		FORGIVEN
,		\$		
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by:	4. Type: Debt	\$		
Lisa Sinclair	5. Date Debt Was Incurred:	\$	1	
37969 Elm Lane	05/02/18	\$		25.00
Harrison Township, MI 48045	6. Original Amount of Debt.	\$	\$ 0.00	\$_35.00
	\$ 35.00		l	FORGIVEN
		\$	'	
If bank loan, name of endorser or guarantor:			Amount Endorsed: \$_	
		Page Subtot	al (Outstanding debt)	\$1,832.91
(Complete on last page of Schedule	Grand Total showing amounts owed by	al of all Schedules 1E	
`				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.

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



1. Committee I.D. Number

139637

CANDI	DATE	COMMI	TTEE

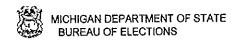
Lisa Sinclair 4 Clerk

CANDIDATE COMMITTEE 2. C	Committee Name			
This Schedule itemizes:				
a \bigcirc Debts and obligations owed by or forgiven the com (Che	mittee OR b. Debts ck either a or b. Use only for the pu	and obligations owed <u>to</u> or pose checked.)		mittee.
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	5. <u>Date Debt Was Incurred</u> : 08/24/18	\$\$	0.00	s 13.00
Harrison Township, MI 48045	6. Original Amount of Debt:	\$	\$ 0.00	FORGIVEN
If bank loan, name of endorser or guarantor:		\$ Am	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type: Debt	\$		
Lisa Sinclair 37969 Elm Lane	5. <u>Date Debt Was Incurred</u> : 08/07/18	\$		
Harrison Township, MI 48045	6. Original Amount of Debt:	\$ \$	\$ 0.00	\$_2,002.48
	\$ 2,002.48	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by:	4. Type: Debt	<u> </u>		
Lisa Sinclair 37969 Elm Lane	5. <u>Date Debt Was Incurred</u> : 08/03/18	\$		
Harrison Township, MI 48045	6. Original Amount of Debt:		\$ 0.00	\$_640.00
	<u>\$_640.00</u>	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		/	Amount Endorsed: \$_	
		Page Subtote	al (Outstanding debt)	\$2,655.48
(Complete on last page of Schedule	Grand Tota showing amounts owed by	al of all Schedules 1E or to the committee)	
A J J (Elltlan month be about an Abla Caba	dula if thore was an outstanding :	amount owed on it at the	closing date of	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 this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Summary Page

Page 5 of 10



1. Committee I.D. Number _____139637

2. Committee Name Lisa Sinclair 4 Clerk

CANDIDATE COMMITTEE 2.00	ommittee Name			
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the community (Chec	nittee OR b. Debts k either a or b. Use only for the pu	s and obligations owed <u>to</u> or 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	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)
guarantors, if any.				
Debt #1 Corp? Yes Owed to or by:	4. Type: Debt	10/01/18 _{\$} 530.00		
Lisa Sinclair	5. <u>Date Debt Was Incurred</u> :	<u> </u>		
37969 Elm Lane	08/04/18	\$	500.00	, 720.00
Harrison Township, MI 48045	6. Original Amount of Debt:	s	\$ 530.00	\$
	\$ 1,250.00			FORGIVEN
		· <u> </u>		
If bank loan, name of endorser or guarantor:		Ame	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type: Debt	\$		
Lisa Sinclair	5. Date Debt Was Incurred:	\$		
37969 Elm Lane	05/31/18	s	0.00	e 10.00
Harrison Township, MI 48045	6. Original Amount of Debt.	•	\$ 0.00	\$
	\$ <u>10.00</u>			FORGIVEN
		<u> </u>		
If bank loan, name of endorser or guarantor.		Ar	nount Endorsed: \$_	·
Debt #3 Corp? Yes Owed to or by:	4. Type: Debt	\$		
Lisa Sinclair	5. Date Debt Was Incorred:	\$		
37969 Elm Lane	06/22/18	s		50.00
Harrison Township, MI 48045	6. Original Amount of Debt:	\$	\$	\$_50.00
	\$_50.00			FORGIVEN
		\$		
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$_	
		Page Subtota	l (Outstanding debt)	\$780.00
(0	Complete on last page of Schedule	Grand Total showing amounts owed by	of all Schedules 1E or to the committee)	
A debt or obligation must be shown on this Sched this Campaign Statement or it was forgiven during	ule if there was an outstanding a	amount owed on it at the c		Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Page 6 of 10



1. Committee I.D. Number

139637	

CANDIDATE COMMITTEE

Committee Name Lisa Sinclair 4 Clerk

attitudes in a setting.				
This Schedule itemizes:				
a ✓ Debts and obligations owed <u>by</u> or forgiven the com (Che	mittee OR b. Debtsck either a or b. Use only for the pu	s and obligations owed <u>to</u> rpose checked.)	or forgiven <u>by</u> the com	mittee.
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	4. Type of Obligation (Description) 5. Indicate date debt was incurred	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
incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	6. Indicate original amount of debt			Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: Debt	11/08/18 _{\$} 360.00	-	
Lisa Sinclair	5. Date Debt Was Incurred:	\$.	
37969 Elm Lane	09/01/18	\$		e 40.00
Harrison Township, MI 48045	6. Original Amount of Debt:	s	\$ <u>360.00</u>	\$
	\$_400.00		-	FORGIVEN
If bank loan, name of endorser or guarantor:		\$A	- mount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type: Debt	<u> </u>		
Lisa Sinclair	5. Date Debt Was Incurred:	\$		
37969 Elm Lane	10/15/18	\$		e 55.06
Harrison Township, MI 48045	6. Original Amount of Debt.	\$	1\$	
	ş 55.06	\$		FORGIVEN
If bank loan, name of endorser or guarantor:			Amount Endorsed: \$	
Debt #3 Corp? Yes	4. Type: Debt	s		
Owed to or by:	5. Date Debt Was Incurred:	s	·	
37969 Elm Lane	10/12/18	s	- 1	
Harrison Township, MI 48045	6. Original Amount of Debt:		_{\$}	\$ 200.00
To Continue to the Continue to	ş 200.00	<u> </u>	-	FORGIVEN
	-	\$	-	
If bank loan, name of endorser or guarantor:		 	Amount Endorsed: \$_	
		Page Subto	tal (Outstanding debt)	\$295.06
(0	Complete on last page of Schedule	Grand To showing amounts owed b	tal of all Schedules 1E by or to the committee)	
				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.

Page 7 of 10

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



1. Committee I.D. Number 1396

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2. Committee Name Lisa Sinclair 4 Clerk

AUINIE AAIIIIII PP				
This Schedule itemizes:				-
a Debts and obligations owed by or forgiven the con (Che	nmittee OR b. Debts eck either a or b. Use only for the pur	and obligations owed <u>to</u> opose checked.)	or forgiven <u>by</u> the com	mittee.
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	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount	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)
provide information regarding the endorsers or guarantors, if any.	of debt			,
Debt #1 Com? Yes Owed to or by:	4. Type: Debt	\$		
Lisa Sinclair	5. <u>Date Debt Was Incurred</u> :	\$.	
37969 Elm Lane Harrison Township, MI 48045	10/15/18	\$		s 200.00
Hamson rownship, wii 40043	6. Original Amount of Debt:	\$	\$	*
	\$_200.00	S ·		FORGIVEN
If bank loan, name of endorser or guarantor.			nount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type: Debt	\$		
Lisa Sinclair	5. <u>Date Debt Was Incurred</u> :	\$		
37969 Elm Lane	10/19/18	\$		e 300.00
Harrison Township, MI 48045	6. Original Amount of Debt:	\$	I \$	\$_000.00
	\$ <u>300.00</u>	\$		FORGIVEN
if bank loan, name of endorser or guarantor:			Amount Endorsed: \$_	
Debt #3 Corp? Yes	4. Type: Debt			
Owed to or by:		\$		
Lisa Sinclair 37969 Elm Lane	5. Date Debt Was Incurred: 07/18/18	<u> </u>	· [
Harrison Township, MI 48045	6. Original Amount of Debt:	s	s 0.00	\$ 786.00
	\$ 786.00	\$	· • •	FORGIVEN
	¥ 	\$		FONGIVEN
If bank loan, name of endorser or guarantor:			Amount Endorsed: \$_	
		Page Subtot	al (Outstanding debt)	\$1,286.00
(Complete on last page of Schedule:		al of all Schedules 1E y 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



1. Committee I.D. Number

139637			
			

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-			\ I I	\sim		IITTE	

2. Committee Name Lisa Sinclair 4 Clerk

CANDIDATE COMMITTEE					
This Schedule itemizes:					
a ☑️Debts and obligations owed <u>by</u> or forgiven the con (Che	nmittee OR b. Debts eck 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.	
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	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)	
guarantors, if any.					
Debt #1 Corp? Yes Owed to or by:	4. Type: Debt	\$			
Lisa Sinclair 37969 Elm Lane	5. <u>Date Deht Was Incurred</u> :	<u> </u>			
Harrison Township, MI 48045	11/01/18	\$	s	\$ 350.00	
• •	6. Original Amount of Debt:	\$			
	\$ 350.00	\$		FORGIVEN	
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$ _		
Debt #2 Corp? Yes Owed to or by:	4. Type: Debt	\$			
Lisa Sinclair	5. Date Debt Was Incurred:	\$			
37969 Elm Lane	11/05/18	s		200 02	
Harrison Township, MI 48045	6. Original Amount of Debt:	\$	l \$	\$ <u>266.02</u>	
	<u>\$ 266.02</u>	**************************************		FORGIVEN	
if bank loan, name of endorser or guarantor:		Ar	nount Endorsed: \$		
Debt #3 Corp? Yes Cwed to or by:	4. Type: Debt	\$			
Lisa Sinclair	5. Date Debt Was Incurred:	\$			
37969 Elm Lane	11/05/18	s		104.04	
Harrison Township, MI 48045	6. Original Amount of Debt:	\$	l ş	\$ 491.04	
	\$ 491.04	<u> </u>		FORGIVEN	
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$_		
		Page Subtota	_ I (Outstanding debt)	\$1,107.06	
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)					
				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.

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



1. Committee I.D. Number

1	3	9	6	3	7
	·	u	v	v	•

CANDIDATE COMMITTEE 2. C	ommittee Name Lisa Sincia	air 4 Clerk		
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the com (Che	mittee OR b. Debtsck either a or b. Use only for the pu	s and obligations owed <u>to</u> or oppose checked.)	or forgiven <u>by</u> the coπ	mittee.
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	s		
Lisa Sinclair 37969 Elm Lane Harrison Township, MI 48045	5. Date Debt Was Incurred: 10/24/18 6. Original Amount of Debt: \$ 230.00	\$ \$ \$ \$	\$	\$_230.00 FORGIVEN
If bank loan, name of endorser or guarantor.		An	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by: Lisa Sinclair	4. Type: Debt	\$		
37969 Elm Lane Harrison Township, MI 48045	5. <u>Date Debt Was Incurred</u> : 10/124/18 6. <u>Original Amount of Debt</u> : \$ 15.88	\$ \$ \$ \$	\$	\$15.88
If bank loan, name of endorser or guarantor:		A	mount 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: 11/05/18 6. Original Amount of Debt: \$ 310.00	\$ \$ \$ \$ \$	\$	\$_310.00
If bank loan, name of endorser or guarantor:		F	Amount Endorsed: \$_	
		Page Subtota	al (Outstanding debt)	\$555.88
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)				
A debt or obligation must be shown on this Schad	ula if there was an outstanding a	mount awad on it et the	planing data of	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.

"owed to" of the **Summary Page**