

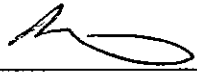



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE  
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number <b>139637</b>		3. This Statement covers From: <b>10/22/18</b> to <b>11/26/18</b>	
2. Committee Name <b>Lisa Sinclair 4 Clerk</b>		4. Candidate Last Name <b>Sinclair</b> First Name <b>Lisa</b> M.I. <b>E</b> 4a. Office Sought Including District # or Community Served (If applicable) <b>Macomb County Clerk / Register of Deeds</b> 4b. County of Residence <b>MACOMB</b>	
5. Committee's Mailing Address <b>46958 N. Gratiot Ave. P.O. Box 262 Chesterfield, MI 48051</b>  Area Code and Phone <b>(586) 569-9211</b> If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		6. Treasurer's Name & Residential Address <b>Kenneth J. Verkest 39285 N. Blom Harrison Township, MI 48045</b>  Area Code & Phone <b>(586) 914-9944</b>	
7. Treasurer's Business Address <b>38151 L'Anse Creuse Harrison Township, MI 48045</b>  Area Code and Phone <b>(586) 914-9944</b>		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) <b>N / A</b>  Area Code and Phone _____	
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus  Date of Election, Convention or Caucus <b>11/06/18</b>		Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement ( ) Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	
		9e. Dissolution of Candidate Committee <input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.  Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.  Effective date of dissolution _____  Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record keeper <b>Kenneth J. Verkest</b> ,  Date <b>12/10/18</b> Type or Print Name Signature			
Candidate <b>Lisa Sinclair</b> ,  Date <b>12-10-18</b> Type or Print Name Signature			



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 139637

2. Committee Name Lisa Sinclair 4 Clerk

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>905.88</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$905.88</u>	(18.) \$ <u>\$6,907.88</u>
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>	(4.) \$ <u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>\$905.88</u>	(20.) \$ <u>\$6,907.88</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>	(6.) \$ <u>\$1,107.06</u>	(21.) \$ <u>\$16,181.89</u>
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$1,473.82</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>\$0.00</u>	
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$ <u>\$1,473.82</u>	(23.) \$ <u>\$6,872.99</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>\$0.00</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$16,016.77</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>\$0.00</u>	
<b>BALANCE STATEMENT</b>		
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$602.83</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$905.88</u>	
<b>15. SUBTOTAL Add lines 13 and 14</b>	(15.) = \$ <u>\$1,508.71</u>	
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$ <u>\$1,473.82</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>\$34.89</u>	



**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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<b>3. Contribution # 1</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/05/18</u> Name & Address: David Workun 3879 Galaxy Blvd. Sterling Heights, MI 48314 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>25.00</u>	\$ <u>125.00</u>
		<a href="#">Click Here for Memo Itemization</a>	
<b>3. Contribution #2</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/03/18</u> Name & Address: Dexter McDade 11410 Canal Rd. #206 Sterling Heights, MI 48314 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>50.00</u>	\$ <u>50.00</u>
		<a href="#">Click Here for Memo Itemization</a>	
<b>3. Contribution # 3</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/30/18</u> Name & Address: Deborah Palazzolo 21439 Buick Open Dr. Macomb, MI 48042 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
		<a href="#">Click Here for Memo Itemization</a>	
<b>3. Contribution # 4</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/29/18</u> Name & Address: Bob Forreider 49645 Draper Circle Plymouth, MI 48170 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>5.00</u>	\$ <u>5.00</u>
		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal **\$180.00**

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

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 <u>all</u> contributions regardless of amount.			6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<b>3. Contribution # 1</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/02/18</u> Name & Address: <u>Ben Ramirez</u> <u>7100 Bluff Springs Rd. 106</u> <u>Austin, TX 78744</u>			\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			<a href="#">Click Here for Memo Itemization</a>	
<b>3. Contribution #2</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/24/18</u> Name & Address: <u>Lisa Sinclair</u> <u>37969 Elm Lane</u> <u>Harrison Township, MI 48045</u>			\$ <u>230.00</u>	\$ <u>1430.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Staff Nurse</u> Employer <u>Tenet DMC Sinai Grace</u> Business Address <u>6071 Outer Drive, Detroit, MI 48235</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			<a href="#">Click Here for Memo Itemization</a>	
<b>3. Contribution # 3</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/24/18</u> Name & Address: <u>Lisa Sinclair</u> <u>37969 Elm Lane</u> <u>Harrison Township, MI 48045</u>			\$ <u>15.88</u>	\$ <u>1745.88</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Staff Nurse</u> Employer <u>Tenet DMC Sinai Grace</u> Business Address <u>6071 Outer Drive, Detroit, MI 48235</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			<a href="#">Click Here for Memo Itemization</a>	
<b>3. Contribution # 4</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/05/18</u> Name & Address: <u>Lisa Sinclair</u> <u>37969 Elm Lane</u> <u>Harrison Township, MI 48045</u>			\$ <u>310.00</u>	\$ <u>2055.88</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Staff Nurse</u> Employer <u>Tenet DMC Sinai Grace</u> Business Address <u>6071 Outer Drive, Detroit, MI 48235</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal \$655.88

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

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>11/05/18</u></p> <p>Name &amp; Address: <b>Aaron Carr</b> <b>Warren, MI</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</p>		\$ <u>35.00</u>	\$ <u>35.00</u>
<p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>11/05/18</u></p> <p>Name &amp; Address: <b>Michelle Glandon</b> <b>35310 Rhodes</b> <b>Clinton Twp., MI 48035</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</p>		\$ <u>25.00</u>	\$ <u>25.00</u>
<p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>11/05/18</u></p> <p>Name &amp; Address: <b>Paul Norton</b> <b>1527 Lyon St.</b> <b>Port Huron, MI 48060</b></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</p>		\$ <u>10.00</u>	\$ <u>10.00</u>
<p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____</p> <p>Name &amp; Address: _____ _____ _____</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</p>		\$ _____	\$ _____

Page Subtotal **\$70.00**

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

**\$905.88**

Enter this total on  
line 3a of Summary  
Page.



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

### CANDIDATE COMMITTEE

1. Committee I. D. Number 139637

2. Committee Name Lisa Sinclair 4 Clerk

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.	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)
<p>Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name &amp; Address: Lisa Sinclair 37969 Elm Lane Harrison Township, MI 48045</p> <p>If over \$100.00 cumulative, please provide: Occupation: Staff Nurse Employer Name &amp; Business Address: Tenet-DMC Sinai Grace 6071 Outer Drive Detroit, MI 48235</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description <u>Online Advertising</u></p> <p>5. Date Of Receipt: <u>11/01/18</u></p> <p>6. Vendor Name &amp; Address: Facebook 1601 Willow Rd. Menlo Park, CA 94025</p> <p><a href="#">Click Here for Memo Itemization</a></p>	\$ 350.00	\$ 12,802.77
<p>Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name &amp; Address: Lisa Sinclair 37969 Elm Lane Harrison Township, MI 48045</p> <p>If over \$100.00 cumulative, please provide: Occupation: Staff Nurse Employer Name &amp; Address: Tenet-DMC Sinai Grace 6071 Outer Drive Detroit, MI 48235</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description <u>Online Advertising</u></p> <p>5. Date Of Receipt: <u>11/05/18</u></p> <p>6. Vendor Name &amp; Address: Facebook 1601 Willow Rd. Menlo Park, CA 94025</p> <p><a href="#">Click Here for Memo Itemization</a></p>	\$ 266.02	\$ 13,068.79
<p>Contribution #3 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name &amp; Address: Lisa Sinclair 37969 Elm Lane Harrison Township, MI 48045</p> <p>If over \$100.00 cumulative, please provide: Occupation: Staff Nurse Employer Name &amp; Address: Tenet-DMC Sinai Grace 6071 Outer Drive Detroit, MI 48235</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description <u>Online Advertising</u></p> <p>5. Date Of Receipt: <u>11/05/18</u></p> <p>6. Vendor Name &amp; Address: Facebook 1601 Willow Rd. Menlo Park, CA 94025</p> <p><a href="#">Click Here for Memo Itemization</a></p>	\$ 491.04	\$ 13,559.83

Page Subtotal \$1,107.06

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

\$1,107.06

Enter this total  
on line 6 of Summary  
Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139637  
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 <b>Microsoft</b>  Address <b>One Microsoft Way Redmond, WA 98052</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>Software Fees</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/22/18</u> Date	\$ <u>10.59</u>
Expenditure #2 Name <b>Staples</b>  Address <b>51382 Gratiot Chesterfield Township, MI 48051</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>Office Supplies</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/23/18</u> Date	\$ <u>2.12</u>
Expenditure #3 Name <b>Facebook</b>  Address <b>1601 Willow Rd. Menlo Park, CA 94025</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>Online Advertising</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/24/18</u> Date	\$ <u>750.00</u>
Expenditure #4 Name <b>Staples</b>  Address <b>51382 Gratiot Chesterfield Township, MI 48051</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>Office Supplies</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/29/18</u> Date	\$ <u>2.72</u>
Expenditure #5 Name <b>Microsoft</b>  Address <b>One Microsoft Way Redmond, WA 98052</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>Software Fees</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/21/18</u> Date	\$ <u>10.59</u>

Subtotal this page **\$776.02**

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

Enter this total  
on line 8a of  
Summary Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139637  
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 <b>USPS</b>  Address <b>155 S. Main St. Mt. Clemens, MI 48043</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>Postage</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>11/02/18</b> Date	<b>\$ 10.00</b>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #2 Name <b>Staples</b>  Address <b>51382 Gratiot Chesterfield Township, MI 48051</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>Office Supplies</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>11/01/18</b> Date	<b>\$ 4.12</b>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #3 Name <b>Facebook</b>  Address <b>1601 Willow Rd. Menlo Park, CA 94025</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>Online Advertising</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>10/24/18</b> Date	<b>\$ 303.08</b>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #4 Name <b>Staples</b>  Address <b>51382 Gratiot Chesterfield Township, MI 48051</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>Office Supplies</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>11/02/18</b> Date	<b>\$ 1.52</b>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #5 Name <b>Anedot</b>  Address <b>4017 Buena Vista Suite 109 Dallas, TX 75204</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>Fundraising Fees</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>11/07/18</b> Date	<b>\$ 12.70</b>  <a href="#">Click Here for Memo Itemization Type</a>
Subtotal this page			<b>\$331.42</b>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

Enter this total  
on line 8a of  
Summary Page





**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139637  
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 <u>Stripe</u> Address <u>185 Berry St.</u> <u>San Francisco, CA 94110</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Fundraising Fees</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/14/18</u> Date	<u>\$ 6.38</u>
Expenditure #2 Name <u>Lisa Sinclair</u> Address <u>37969 Elm Lane</u> <u>Harrison Township, MI 48045</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Repayment of Loan</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/08/18</u> Date	<u>\$ 360.00</u>
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **\$6.38**

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **\$1,473.82**

Enter this total  
on line 8a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 139637  
2. Committee Name Lisa Sinclair 4 Clerk

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.)

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 endorser 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? <input type="checkbox"/> Yes Owed to or by: Lisa Sinclair 37969 Elm Lane Harrison Township, MI 48045	4. Type: <u>Debt</u> 5. <u>Date Debt Was Incurred:</u> <u>04/16/18</u> 6. <u>Original Amount of Debt:</u> <u>\$ 246.42</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 246.42 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Lisa Sinclair 37969 Elm Lane Harrison Township, MI 48045	4. Type: <u>Debt</u> 5. <u>Date Debt Was Incurred:</u> <u>04/23/18</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,533.63</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 1,533.63 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Lisa Sinclair 37969 Elm Lane Harrison Township, MI 48045	4. Type: <u>Debt</u> 5. <u>Date Debt Was Incurred:</u> <u>05/02/18</u> 6. <u>Original Amount of Debt:</u> <u>\$ 744.16</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 744.16 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

**\$2,524.21**

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 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.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 139637

2. Committee Name Lisa Sinclair 4 Clerk

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.)

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? <input type="checkbox"/> Yes Owed to or by: Lisa Sinclair 37969 Elm Lane Harrison Township, MI 48045	4. Type: <u>Debt</u> 5. <u>Date Debt Was Incurred:</u> <u>06/26/18</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,093.51</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 1,093.51 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Lisa Sinclair 37969 Elm Lane Harrison Township, MI 48045	4. Type: <u>Debt</u> 5. <u>Date Debt Was Incurred:</u> <u>06/26/18</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,374.37</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 1,374.37 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Lisa Sinclair 37969 Elm Lane Harrison Township, MI 48045	4. Type: <u>Debt</u> 5. <u>Date Debt Was Incurred:</u> <u>07/02/18</u> 6. <u>Original Amount of Debt:</u> <u>\$ 538.29</u>	\$ \$ \$ \$ \$	\$	\$ 538.29 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

**\$3,006.17**

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

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 139637  
2. Committee Name Lisa Sinclair 4 Clerk

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.  
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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 endorser 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? <input type="checkbox"/> Yes Owed to or by: <b>Lisa Sinclair</b> <b>37969 Elm Lane</b> <b>Harrison Township, MI 48045</b>	4. Type: <u>Debt</u> 5. <u>Date Debt Was Incurred:</u> <u>07/17/18</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,324.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 1,324.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <b>Lisa Sinclair</b> <b>37969 Elm Lane</b> <b>Harrison Township, MI 48045</b>	4. Type: <u>Debt</u> 5. <u>Date Debt Was Incurred:</u> <u>07/18/18</u> 6. <u>Original Amount of Debt:</u> <u>\$ 500.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 500.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <b>Lisa Sinclair</b> <b>37969 Elm Lane</b> <b>Harrison Township, MI 48045</b>	4. Type: <u>Debt</u> 5. <u>Date Debt Was Incurred:</u> <u>05/10/18</u> 6. <u>Original Amount of Debt:</u> <u>\$ 500.00</u>	<u>08/14/18 \$ 50.00</u> <u>08/20/18 \$ 300.00</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 350.00</u>	<u>\$ 150.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

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

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**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 139637

2. Committee Name Lisa Sinclair 4 Clerk

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.)

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? <input type="checkbox"/> Yes Owed to or by: Lisa Sinclair 37969 Elm Lane Harrison Township, MI 48045	4. Type: <u>Debt</u> 5. <u>Date Debt Was Incurred:</u> <u>08/04/18</u> 6. <u>Original Amount of Debt:</u> <u>\$ 395.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 395.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Lisa Sinclair 37969 Elm Lane Harrison Township, MI 48045	4. Type: <u>Debt</u> 5. <u>Date Debt Was Incurred:</u> <u>08/15/18</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,402.91</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 1,402.91 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Lisa Sinclair 37969 Elm Lane Harrison Township, MI 48045	4. Type: <u>Debt</u> 5. <u>Date Debt Was Incurred:</u> <u>05/02/18</u> 6. <u>Original Amount of Debt:</u> <u>\$ 35.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 35.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

**\$1,832.91**

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

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**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 139637

2. Committee Name Lisa Sinclair 4 Clerk

This Schedule itemizes:

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Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <b>Lisa Sinclair</b> <b>37969 Elm Lane</b> <b>Harrison Township, MI 48045</b>	4. Type: <u>Debt</u> 5. <u>Date Debt Was Incurred:</u> <u>08/24/18</u> 6. <u>Original Amount of Debt:</u> <u>\$ 13.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 13.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <b>Lisa Sinclair</b> <b>37969 Elm Lane</b> <b>Harrison Township, MI 48045</b>	4. Type: <u>Debt</u> 5. <u>Date Debt Was Incurred:</u> <u>08/07/18</u> 6. <u>Original Amount of Debt:</u> <u>\$ 2,002.48</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 2,002.48 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <b>Lisa Sinclair</b> <b>37969 Elm Lane</b> <b>Harrison Township, MI 48045</b>	4. Type: <u>Debt</u> 5. <u>Date Debt Was Incurred:</u> <u>08/03/18</u> 6. <u>Original Amount of Debt:</u> <u>\$ 640.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 640.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

**\$2,655.48**

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

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**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 139637

2. Committee Name Lisa Sinclair 4 Clerk

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.)

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Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Lisa Sinclair 37969 Elm Lane Harrison Township, MI 48045	4. Type: <u>Debt</u> 5. <u>Date Debt Was Incurred:</u> <u>08/04/18</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,250.00</u>	10/01/18 \$ 530.00 \$ \$ \$ \$	\$ 530.00	\$ 720.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Lisa Sinclair 37969 Elm Lane Harrison Township, MI 48045	4. Type: <u>Debt</u> 5. <u>Date Debt Was Incurred:</u> <u>05/31/18</u> 6. <u>Original Amount of Debt:</u> <u>\$ 10.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 10.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Lisa Sinclair 37969 Elm Lane Harrison Township, MI 48045	4. Type: <u>Debt</u> 5. <u>Date Debt Was Incurred:</u> <u>06/22/18</u> 6. <u>Original Amount of Debt:</u> <u>\$ 50.00</u>	\$ \$ \$ \$ \$	\$	\$ 50.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

**\$780.00**

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

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**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 139637  
2. Committee Name Lisa Sinclair 4 Clerk

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.  
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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 endorser 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? <input type="checkbox"/> Yes Owed to or by: Lisa Sinclair 37969 Elm Lane Harrison Township, MI 48045	4. Type: <u>Debt</u> 5. <u>Date Debt Was Incurred:</u> <u>09/01/18</u> 6. <u>Original Amount of Debt:</u> <u>\$ 400.00</u>	11/08/18 \$ 360.00 \$ \$ \$ \$	\$ 360.00	\$ 40.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Lisa Sinclair 37969 Elm Lane Harrison Township, MI 48045	4. Type: <u>Debt</u> 5. <u>Date Debt Was Incurred:</u> <u>10/15/18</u> 6. <u>Original Amount of Debt:</u> <u>\$ 55.06</u>	\$ \$ \$ \$ \$	\$	\$ 55.06 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Lisa Sinclair 37969 Elm Lane Harrison Township, MI 48045	4. Type: <u>Debt</u> 5. <u>Date Debt Was Incurred:</u> <u>10/12/18</u> 6. <u>Original Amount of Debt:</u> <u>\$ 200.00</u>	\$ \$ \$ \$ \$	\$	\$ 200.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$295.06**

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

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 139637  
2. Committee Name Lisa Sinclair 4 Clerk

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven by 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 endorser 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? <input type="checkbox"/> Yes Owed to or by: <b>Lisa Sinclair</b> <b>37969 Elm Lane</b> <b>Harrison Township, MI 48045</b>	4. Type: <u>Debt</u> 5. <u>Date Debt Was Incurred:</u> <u>10/15/18</u> 6. <u>Original Amount of Debt:</u> <u>\$ 200.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>200.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <b>Lisa Sinclair</b> <b>37969 Elm Lane</b> <b>Harrison Township, MI 48045</b>	4. Type: <u>Debt</u> 5. <u>Date Debt Was Incurred:</u> <u>10/19/18</u> 6. <u>Original Amount of Debt:</u> <u>\$ 300.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>300.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <b>Lisa Sinclair</b> <b>37969 Elm Lane</b> <b>Harrison Township, MI 48045</b>	4. Type: <u>Debt</u> 5. <u>Date Debt Was Incurred:</u> <u>07/18/18</u> 6. <u>Original Amount of Debt:</u> <u>\$ 786.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>786.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt) **\$1,286.00**

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 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



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 139637

2. Committee Name Lisa Sinclair 4 Clerk

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.)

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 endorser 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? <input type="checkbox"/> Yes Owed to or by: <b>Lisa Sinclair</b> <b>37969 Elm Lane</b> <b>Harrison Township, MI 48045</b>	4. Type: <u>Debt</u> 5. <u>Date Debt Was Incurred:</u> <u>11/01/18</u> 6. <u>Original Amount of Debt:</u> <u>\$ 350.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>350.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <b>Lisa Sinclair</b> <b>37969 Elm Lane</b> <b>Harrison Township, MI 48045</b>	4. Type: <u>Debt</u> 5. <u>Date Debt Was Incurred:</u> <u>11/05/18</u> 6. <u>Original Amount of Debt:</u> <u>\$ 266.02</u>	\$ \$ \$ \$ \$	\$	\$ <u>266.02</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <b>Lisa Sinclair</b> <b>37969 Elm Lane</b> <b>Harrison Township, MI 48045</b>	4. Type: <u>Debt</u> 5. <u>Date Debt Was Incurred:</u> <u>11/05/18</u> 6. <u>Original Amount of Debt:</u> <u>\$ 491.04</u>	\$ \$ \$ \$ \$	\$	\$ <u>491.04</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (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)

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



**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 139637  
2. Committee Name Lisa Sinclair 4 Clerk

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.)

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Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Lisa Sinclair 37969 Elm Lane Harrison Township, MI 48045	4. Type: <u>Debt</u> 5. <u>Date Debt Was Incurred:</u> <u>10/24/18</u> 6. <u>Original Amount of Debt:</u> <u>\$ 230.00</u>	\$ \$ \$ \$ \$	\$	\$ 230.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Lisa Sinclair 37969 Elm Lane Harrison Township, MI 48045	4. Type: <u>Debt</u> 5. <u>Date Debt Was Incurred:</u> <u>10/124/18</u> 6. <u>Original Amount of Debt:</u> <u>\$ 15.88</u>	\$ \$ \$ \$ \$	\$	\$ 15.88 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Lisa Sinclair 37969 Elm Lane Harrison Township, MI 48045	4. Type: <u>Debt</u> 5. <u>Date Debt Was Incurred:</u> <u>11/05/18</u> 6. <u>Original Amount of Debt:</u> <u>\$ 310.00</u>	\$ \$ \$ \$ \$	\$	\$ 310.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$555.88**  
Grand Total of all Schedules 1E **\$16,016.77**  
(Complete on last page of Schedule showing amounts owed by or to the committee)

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.