

## 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		to 10/20/19	
1. Committee I.D. Number		Candidate Last Name	First Nar	me	M.I.
139784		Early	Jazmine		M.
155704		4a. Office Sought Including Dis		rved (If applicable)	
2. Committee Name		- 4a. Office Cought Modeling Dio	and in the community of	i vou (ii appliousio)	
Friends Of Jazmine Earl	У	4b. County of Residence MAC	OMB		
5. Committee's Mailing Address		6. Treasurer's Name & Reside	ntial Address		
33294 Shelley Lynne Dr., Sterling Heights, MI 48312		Jazmine M. Early 33294 Shelley Lynne Dr. Sterling Heights, MI 483		MACON MAT. CL	19 007
Area Code and Phone (586) 522-9930  If the address in this box is different from the commit mailing address on the Statement of Organization, more be sent to this address by the filing official.	tee nail may	Area Code & Phone (586) §	522 - 9930		725
7. Treasurer's Business Address		Designated Record Keeper     Designated Record Keeper)		f the committee has	
33294 Shelley Lynne Dr., Sterling Heights, MI 48312				LEAN.	2: 03
Area Code and Phone (586) 522- 9930					
Alea Gode and Filone		Area Code and Phone	9e. Dissolution of Ca	andidate Committe	- a
9a. X Pre-Election OR 9b. Post-Election	Required ON is not on the current year:		By checking this it	tem I/We certify any e candidate or his or	outstanding debt her spouse is here
Pre-Election or Post-Election Statement relates to:	July Quart	erly	by discharged and forg the committee. The co owes no lates fees or h	ommittee has no ous	tanding assets,
Primary				iac any cacamang a	
X General	October C	luarterly	Further, if the dissolution	on cannot be granted	d, that this be
Convention			considered a request for	or the Reporting Wa	iver.
Special	9c. Annua	al Statement ()	Effective dat	te of dissolution	
School	<u></u>	Coverage Year			
Caucus	(Com	Idment to Campaign Statement plete Item 9a, 9b, 9c or 9e to te which Statement is being ded.)	Note: The disposition of Schedule 1B and the S		st be reported on
Date of Election, Convention or Caucus					
11/05/19					
10. Verification: I\We certify that all reasonable diliger my\our knowledge and belief the contents are true, a			ent and attached sched	ules (if any) and to the	ne best of
Current Treasurer or Designated Record keeper Type or Print Name	Early	Signature /	Carley.	Date 10/25	119
Jazmine M. Early		1 OLD MIND I	a Carlu	10(25	-119
CandidateType or Print Name		Signature	1.	Date 10/28	1.1

1. Committee I.D. Number 139784

#### **SUMMARY PAGE** CANDIDATE COMMITTEE

### 2. Committee Name FRIENDS OF JAZMINE EARLY

CANDIDATE COMMITTEE	Caluman	Column II
RECEIPTS	Column I This Period	Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 3,670.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 3,670.00	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 0.00	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 3,670.00	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		ALTERNATION OF THE PROPERTY OF
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 0.00	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0.00	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 2,718.82	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ 0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 2,718.82	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
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.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$1,211.31	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0.00	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ 0.00	
(Enter zero if no previous reports have been filed.)  14. Amount received during reporting period	(14.) + \$ 3,670.00	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$ <u>3,670.00</u>	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	2 740 92	
(Add lines 9 and 11) 17. ENDING BALANCE	· /	
(Subtract line 16 from line 15)	(17.) \$ 951.18	*



#### CANDIDATE COMMITTEE

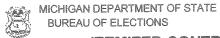
1. Committee I.D. Number \_\_\_\_\_\_139784

2. Committee Name FRIENDS OF JAZMINE EARLY

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 2/10/19 Name & Address: MAREK, IRENE 14915 DOVER CT.	_	
SHELBY TWP., MI	<u>\$25.00</u>	<sub>\$</sub> 25.00
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution:   Direct  Loan from a person  Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 2/25/19		
Name & Address		
MCMILLIN, TOMAS 4096 BOLD MDWS	50 00	7E 00
OAKLAND TWP., MI 48306	<sub>\$</sub> 50.00	<sub>\$</sub> 75.00
5. If over \$100.00 cumulative, please provide:	Click Here t	for Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 02/25/19		
Name & Address:		
GARRY, LEO C. 45815 GRANT CT.	<sub>\$</sub> 25.00	<sub>s</sub> 100.00
MACOMB, MI 48044	\$ == 4 . 4	\$ 100.00
	Click Here f	or Memo Itemization
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: 🗸 Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/02/19		
Name & Address	-	
HATTEN, LYNN VON 32430 COVENTRY PL.		d the the the
WARREN, MI 48093	<sub>\$</sub> 50.00	_ \$_150.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		
Business Address   Loan from a person Fund Raiser		
Type of continuous Con		
Page Subtoi	ial 150.00	one and a second
Grand Total of All Schedules 1 (Complete on last page of Schedul		
(Complete on last page of Scriedur	Enter this total on	

Page \_\_\_\_\_of \_\_\_\_\_\_

iine 3a of Summary Page.



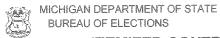
#### **CANDIDATE COMMITTEE**

1. Committee I.D. Number \_\_\_\_\_\_139784

2. Committee Name FRIENDS OF JAZMINE EARLY

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 03/02/19  Name & Address: MITCHELL, THOMAS B.	_	
40171 WILLIAM DR., STERLING HEIGHTS, MI 48313	<sub>\$</sub> 25.00	<sub>\$</sub> 175.00
5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Occupation Employer		
Business Address		,
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/04/19  Name & Address		
WILLIAMS, JARVIS L 6670 WINDJAMMER PL LAKEWOOD RANCH, FL 34202	<sub>\$</sub> 200.00	<sub>\$</sub> 375.00
5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Occupation RETIRED Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 03/09/19  Name & Address:  DESAELE, PHILIS  42430 UTICA RD	- <sub>\$</sub> 100.00	<sub>s</sub> 475.00
STERLING HEIGHTS, MI 48314	Click Here fo	or Memo Itemization
5. If over \$100.00 cumulative, please provide:		
Occupation RETIRED Employer		
Business Address		
Type of Contribution:   Direct Loan from a person Fund Raiser	71	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/12/19 Name & Address WISNIEWSKI, MARY ANN 34826 TYLER DR. STERLING HEIGHTS, MI 48310	<sub>\$</sub> 100.00	<sub>\$</sub> 575.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subto	tal 425.00	
Grand Total of All Schedules 1	A 3,670.00	MANAMATINE
(Complete on last page of Schedu	le) L	

2 of 13



#### CANDIDATE COMMITTEE

1. Committee I.D. Number \_\_\_\_\_\_139784

2. Committee Name FRIENDS OF JAZMINE EARLY

	to indicate if cont	tribution is from a Political		enter last name, first name, ttee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: KOCHANOWICZ, SUZ	PAC Receipt?	YES 4. Date of	of Recei	pt 05/10/19		
11433 PEYTON DR STERLING HEIGHTS,	MI 48312				<sub>\$</sub> 20.00	<sub>\$</sub> 595.00
5. If over \$100.00 cumu	lative, please pro	ovide:			Click Here	for Memo Itemization
Occupation		Employer		Na Madel Maria		
Business Address	STATE OF THE PROPERTY OF THE P	granicone	posteriore	makalaman kalandak kada da		
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?	YES 4. Date of	of Recei	pt <u>05/22/19</u>		
JOHNS, SANDRA 14468 COULEE DR. STERLING HEIGHTS,	MI 48313				<sub>\$</sub> 50.00	<sub>\$</sub> 645.00
5. If over \$100.00 cumu	lative, please pro	ovide:			Click Here t	for Memo Itemization
Occupation		Employer		DATE OF THE PROPERTY OF THE PR		
Business Address	CONTROL CONTRO					
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
3. Contribution # 3 Name & Address: GOLDISH, CHRISTIN 36815 PARK PLACE I	DR	YES 4. Date	of Rece	opt 06/08/19	<sub>\$</sub> 10.00	<sub>s</sub> 655.00
STERLING HEIGHTS	MI 48310					
5. If over \$100.00 cumu	lative, please pro				Click Here for	or Memo Itemization
Occupation	·	Employer				
Business Address Type of Contribution:	7 Direct	Loan from a person		Fund Raiser		
L.						
<ol> <li>Contribution # 4</li> <li>Name &amp; Address</li> <li>HOLLAND CYNTHIA</li> <li>2626 EARL LAKE RD.</li> </ol>	PAC Receipt?	YES 4. Date	e or Rec	eipt <u>06/11/19</u>	00.00	075.00
STERLING HEIGHTS	MI 48843				<sub>\$</sub> 20.00	675.00
5. If over \$100.00 cum	ilative, please pr	ovide:			Click Here for	or Memo Itemization
Occupation	<del>Vertigen and the second secon</del>	Employer		A STATE OF THE STA		
Business Address				A CONTRACTOR OF THE PROPERTY O		
Type of Contribution:	<b>√</b> Direct	Loan from a person		Fund Raiser		ANNOR II NOOF SEE OO NEE ANNO SEE OO SEE
				Page Subtota	100.00	
				rand Total of All Schedules 1A		
0 40			(Com	plete on last page of Schedule	Enter this total on	

Page 3 of 13

Page.



#### CANDIDATE COMMITTEE

2. Committee Name FRIENDS OF JAZMINE EARLY

Enter contributor's name and address. If contribution is from an individual, enter last name, first na 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.	ime, 6. Amount	7. Curnulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/14/19  Name & Address: LANDUYT, YUDY		
1842 CHASE DR. ROCHESTER, MI 48307	<sub>\$</sub> 50.00	<sub>\$</sub> 725.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer	Q.11.00C.1.10C.0.10	
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/10/19 Name & Address	was de la constant de	
ZOLKEWSKY, MYRON POBOX 205 UNION LAKE, MI 48387	<sub>\$</sub> 25.00	<sub>\$</sub> 750.00
5. If over \$100.00 cumulative, please provide:		r Memo Itemization
Occupation Employer		
Business Address	<del></del>	
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/10/19 Name & Address: MAREK, IRENE 14915 DOVER CT. SHELBY TWP., MI	<sub>\$</sub> 25.00	<sub>\$</sub> 775.00
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution:   Direct  Loan from a person  Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/11/19  Name & Address  POZNIAK, GENEVIEVE  16415 WALCLIFF DR.	20.00	705.00
CLINTON TWP., MI 48035	<sub>\$</sub> 20.00	<sub>\$_</sub> 795.00
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: 🗸 Direct Loan from a person Fund Raiser		
Grand Total of All Schedu		
(Complete on last page of Sc	Enter this total on line 3a of Summary	<sup>1</sup>

Page \_\_\_\_\_ of \_\_\_



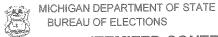
#### CANDIDATE COMMITTEE

2. Committee Name FRIENDS OF JAZMINE EARLY

Enter contributor's name and address. If contribution is from an individual, enter last name, first n middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 07/11/19 Name & Address: HAYTER, BONNIE 14899 28 MILE RD.	
WASHINGTON, MI 48094	<sub>\$</sub> 50.00 <sub>\$</sub> 845.00
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	nestinare
Type of Contribution:   ✓ Direct Loan from a person Fund Raiser	
Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/13/19  Name & Address	
VITALE, PAULINE	F0 00 00 00 00
16473 CONGRESS DR. CLINTON TWP., MI 48038	<sub>\$</sub> 50.00
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
OccupationEmployer	
Business Address	<del></del>
Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/13/19 Name & Address: LEAKE, MICHELLE	
48586 SANDIFER CT. SHELBY TWP, MI 48317	<sub>\$</sub> 20.00 <sub>\$</sub> 915.00
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person J Fund Raiser	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 07/13/19 Name & Address MICHAEL KONNERS	
178 E HURST DR. TROY, MI 48085	\$25.00 <b>\$940.00</b>
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	and the state of t
Business Address	
Type of Contribution: Direct Loan from a person J Fund Raiser	
Page	Subtotal 145.00
Grand Total of All Scher	
(Complete on last page of S	Enter this total on line 3a of Summary

Page \_\_\_\_\_of \_\_\_\_

Page.



#### CANDIDATE COMMITTEE

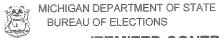
1. Committee I.D. Number \_\_\_\_\_\_139784

2. Committee Name FRIENDS OF JAZMINE EARLY

Enter contributor's name middle initial. Check bo Committee (PAC) Repo	x to indicate if contrib	bution is from a Political C	dual, ei ommitt	nter last name, first name, tee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: BENTLEY, CAROL 14933 XAVIER STERLING HEIGHTS	PAC Receipt?	YES 4. Date of	Receip	t 07/13/19	<sub>s</sub> 25.00	965.00
THE E SUM S S. SEMILY II STANDED THE VIEW OF THE VIEW	,				\$	
5. If over \$100.00 cum	ulative, please prov	ide:			Click Here f	or Memo Itemization
Occupation		Employer				
Business Address	-		T 71		•	
Type of Contribution:	Direct	Loan from a person	<u> </u>	Fund Raiser		
3. Contribution #2	PAC Receipt?	YES 4. Date of	Receip	t <u>07/13/19</u>		
Name & Address NEIL, THOMAS 35647 CANDLEWOO STERLING HEIGHTS					<sub>\$</sub> 75.00	<sub>\$</sub> 1,040.00
5. If over \$100.00 cum	ulative, please prov	ide:			Click Here f	or Memo Itemization
Occupation		Employer		THE RESERVE OF THE PROPERTY OF		
Business Address						
Type of Contribution:	Direct [	Loan from a person	V	Fund Raiser		
3. Contribution # 3 Name & Address: MITCHELL, THOMAS 40171 WILLIAM DR. STERLING HEIGHTS		YES 4. Date of	Recei	pt 07/13/19	\$25.00	<sub>\$</sub> 1,065.00
5. If over \$100.00 cum	ulative, please prov	vide:			Click Here for	or Memo Itemization
Occupation		Employer				
Business Address	Direct [	Loan from a person	V	Fund Raiser		
3. Contribution # 4	PAC Receipt?			eipt 07/14/19		
Name & Address HARBERT, LISA 42884 BLOOMINGD/ STERLING HEIGHTS	ALE DR	7. Date 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<sub>\$</sub> 100.00	<sub>\$_1,165.00</sub>
5. If over \$100.00 cum	ulative, please pro	vide:			Click Here fo	or Memo Itemization
Occupation		Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
			-	Page Subtota	225.00	
				rand Total of All Schedules 1A		
			(Comp	olete on last page of Schedule	Enter this total on	-

Page \_\_\_\_\_ of \_\_\_\_\_

line 3a of Summary Page.



#### CANDIDATE COMMITTEE

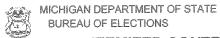
1. Committee I.D. Number \_\_\_\_\_\_139784

2. Committee Name FRIENDS OF JAZMINE EARLY

Enter contributor's name and address. If contribution is from an individual, enter last name, first namiddle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	ame,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/15/19  Name & Address: PANNEBACKER, BRIAN 25984 MARITIME CIR. S  HARRISON TWP.,		<sub>s</sub> 25.00	<sub>s</sub> 1190.00
5. If over \$100.00 cumulative, please provide:		Click Here fo	r Memo Itemization
Occupation Employer		Onor here to	THE STATE OF THE S
Business Address			
Type of Contribution: ✓ Direct Loan from a person Fund Raiser			
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/22/19  Name & Address  DESAELE, PHILIS			
42430 UTICA RD STERLING HEIGHTS, MI 48314		\$ 100.00	<sub>\$</sub> 1,290.00
5. If over \$100.00 cumulative, please provide:		Click Here fo	r Memo Itemization
Occupation RETIRED Employer	_		
Business Address			
Type of Contribution: ✓ Direct Loan from a person Fund Raiser			
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/31/19 Name & Address: MOREAU, JUDY 12758 DE COOK DR. STERLING HEIGHTS, MI 48313		<sub>\$</sub> 200.00	<sub>\$</sub> 1,490.00
5. If over \$100.00 cumulative, please provide:		Click Here for	Memo Itemization
Occupation RETIRED Employer			
Business Address  Type of Contribution:   ✓ Direct Loan from a person Fund Raiser	alderoomees verses verses verses (200		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 8/30/19 Name & Address DJURIC, CITRISTOPHER	<u>.</u>		
47395 BOBWHITE LN. SHELBY TWP., MI 48315		<sub>\$</sub> 500.00	<sub>\$</sub> _1,990.00
If over \$100.00 cumulative, please provide:  Occupation OWNER Employer M FITNESS CLUB		Click Here for	Memo Itemization
EZAS 15 MILE DO STEDLING HEIGHTS MI			
Business Address 5742 15 MILE RD., STERLING HEIGHTS, MI	· · · · · · · · · · · · · · · · · · ·		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser	Cultari	20C 00	
	F	825.00	-
Grand Total of All Sched (Complete on last page of Sc	dules 1A (	3,670.00	
7 40	,	Enter this total on	

7 of 13

Page.

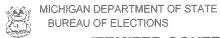


#### CANDIDATE COMMITTEE

1. Committee I.D. Number \_\_\_\_\_\_139784

## 2. Committee Name FRIENDS OF JAZMINE EARLY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/03/19		
Name & Address: ———————————————————————————————————		
5664 WOODVIEW DR.		
STERLING HEIGHTS, MI 48314-2068	<sub>\$</sub> 50.00	\$2,040.00
5. If over \$100.00 cumulative, please provide:	Click Here f	for Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/04/19		
Name & Address		
PARISH JULIE	0000	0 000 00
13735 GLENRIO DR. STERLING HEIGHTS, MI 48313	<sub>\$</sub> 20.00	<sub>\$</sub> 2,060.00
5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/14/19 Name & Address:	-	
CZECH, CAROLYN	<sub>s</sub> 50.00	0 440 00
39130 MARNE AVE. STERLING HEIGHTS, MI 48313	\$ 00.00	<sub>\$2,110.00</sub>
	Click Here fo	or Memo Itemization
5. If over \$100.00 cumulative, please provide:	Olick Field it	or Merrio Remizadon
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser	and \$400000	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 09/15/19		
Name & Address WHITE, SHARON		
2920 ACORN RD.	000 00	004000
BLOOMFIELD TWP., MI 48302	<sub>\$</sub> 200.00	
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation <u>RETIRED</u> Employer	re were a finance and 6 ha	
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
Page Subtota	320.00	
Grand Total of All Schedules 1A	3,670.00	
(Complete on last page of Schedule	Enter this total on	social ministra
8 of 13	line 3a of Summar Page.	ry



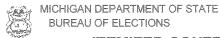
#### CANDIDATE COMMITTEE

2. Committee Name FRIENDS OF JAZMINE EARLY

		COL - ACCOUNT OF DE DI AN INC. IN ADMINISTRATION					
	x to indicate if con	contribution is from an indivict tribution is from a Political C regardless of amount.				6. Amount	7. Curnulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt?	YES 4. Date of I	Receipt	9/16/19		CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	000000000000000000000000000000000000000
Name & Address: MACOMB COUNTY R PO BOX 380583		Enemand					
CLINTON TWP., MI 48	8038					<sub>\$</sub> 50.00	<sub>\$</sub> 2,360.00
5. If over \$100.00 cumu	ılative, please pro	ovide:				Click Here f	or Memo Itemization
Occupation		Employer					
Business Address							
Type of Contribution:	✓ Direct	Loan from a person		Fund Raiser			
3. Contribution #2	PAC Receipt?	YES 4. Date of F	Receipt	9/21/19			
Name & Address HUGHESIAN, JUDY							
6620 HEARTHSTONE						<sub>s</sub> 25.00	<sub>s</sub> 2,385.00
WEST BLOOMFIELD	1 VVP., MI 48322					Ψ	- v
5. If over \$100.00 cumu	ılative, please pro	ovide:				Click Here fo	or Memo Itemization
Occupation		_ Employer			<del></del>		
Business Address					<del></del>		
Type of Contribution:	Direct	Loan from a person	$\Box$	Fund Raiser			
3. Contribution # 3 Name & Address: GREEN, KARIN 42082 BOBJEAN ST. STERLING HEIGHTS	PAC Receipt?	YES 4. Date of	Receip	9/21/19		<sub>\$</sub> 50.00	<sub>\$</sub> 2,435.00
5. If over \$100.00 cumu		ovide:				Click Here fo	r Memo Itemization
Business Address Type of Contribution:	Direct	Loan from a person	V	Fund Raiser			
3. Contribution #4 Name & Address KIRMA, JALAL	PAC Receipt?	YES 4. Date of		ot 9/21/19			
4800 MACERI CT. STERLING HEIGHTS	, MI 48314					<sub>\$</sub> 50.00	<sub>\$</sub> 2,485.00
5. If over \$100.00 cum	ulative, please pro	ovide:				Click Here fo	r Memo Itemization
Occupation		Employer					
Business Address							
Type of Contribution:	Direct	Loan from a person	V	Fund Raiser			
			anno en		Page Subtotal	175.00	
				nd Total of All S		3,670.00	
		(	Comple	ete on last page	of Schedule)	Enter this total on	

9 of 13

line 3a of Summary Page.



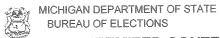
#### CANDIDATE COMMITTEE

1. Committee I.D. Number \_\_\_\_\_\_139784

2. Committee Name FRIENDS OF JAZMINE EARLY

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 9/22/19 Name & Address: PARISH, JULIE 13735 GLENRIO DR.		
STERLING HEIGHTS, MI 48313	\$ 20.00	<sub>\$</sub> 2,505.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		St. Objective and the state of
Business Address		
Type of Contribution:   ✓ Direct Loan from a person Fund Raiser	2	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9/23/19 Name & Address		
VAYKO, NANETTE 8752 ALWARDT DR. STERLING HEIGHTS, MI 48313	\$ 25.00	<sub>\$</sub> 2,530.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/01/19 Name & Address: TROSPER, MICHELINE		
45410 NOTTINGHAM DR. STERLING HEIGHTS, MI 48044	<sub>\$</sub> 100.00	<sub>\$</sub> 2,630.00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address  Type of Contribution:   Direct  Loan from a person  Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10/04/19 Name & Address KUMMER, FREDERICK		
37328 DUNDEE ST. STERLING HEIGHTS, MI 48310	<sub>\$</sub> 200.00	\$_2,830.00
5. If over \$100.00 cumulative, please provide:  Occupation RETIRED	Click Here for	Memo Itemization
Occupation Employer		
Business Address  Type of Contribution:		
	To 45.00	
Page Subtotal		-
Grand Total of All Schedules 1A	3,670.00	

(Complete on last page of Schedule)



#### CANDIDATE COMMITTEE

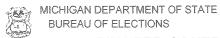
1. Committee I.D. Number \_\_\_\_\_\_139784

2. Committee Name FRIENDS OF JAZMINE EARLY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/08/19  Name & Address: WATSON, JAMES 12205 CHEVELLE DR.		
STERLING HEIGHTS, MI 48312	<sub>\$</sub> 200.00	<sub>\$</sub> 3,030.00
5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Occupation RETIRED Employer		
Business Address		
Type of Contribution:   ✓ Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/10/19  Name & Address		
HAKIM, NORA	400.00	0.400.00
55564 HEARTSIDE DR. STERLING HEIGHTS, MI 48316	<sub>\$</sub> 100.00	<sub>\$</sub> 3,130.00
5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/11/19		
Name & Address: HETTWER, JAMES		
43351 ASPEN DR.	<sub>\$</sub> 100.00	<sub>s</sub> 3,230.00
STERLING HEIGHTS, MI 48313		
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution:     Jirect   Loan from a person   Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/12/19		
Name & Address MITCHELL, THOMAS B.		
40171 WILLIAM DR.	¢50.00	3,280.00
STERLING HEIGHTS, MI 48313	\$ 00.00	_ \$
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		
Page Subtota	450.00	
Grand Total of All Schedules 1A	3,670.00	
(Complete on last page of Schedule	Enter this total on	
44 40	line 3a of Summa	rv

Page \_\_\_\_ of \_\_\_\_

Page.



#### CANDIDATE COMMITTEE

1. Committee I.D. Number

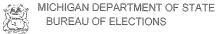
139784

2. Committee Name

### FRIENDS OF JAZMINE EARLY

Enter contributor's name and address. If contribution is from an individual, enter last name, first name middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/15/19  Name & Address: BODALSKI, MARY 5664 WOODVIEW DR. STERLING HEIGHTS, MI 48314-2068	40.00	<sub>s</sub> 3,320.00
OF ENERGY HEIGHT G, MIT 400 14 2000	<sub>\$</sub> 40.00	s 0,020.00
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Employer	-	
Business Address		
Type of Contribution:   ✓ Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/15/19  Name & Address  PFEUFFER, PAMELA		
41268 CILANTRO DR. STERLING HEIGHTS, MI 48314	<sub>\$</sub> 50.00	\$ 3,370.00
5. If over \$100.00 cumulative, please provide:	Click Here t	for Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution:   Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/18/19 Name & Address: LANGWEROWSKI, MARCELLA 33716 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312	 <sub>\$</sub> 200.00	
5. If over \$100.00 cumulative, please provide:	Click Here for	or Memo Itemization
Occupation RETIRED Employer		
Business Address  Type of Contribution:   Direct Loan from a person Fund Raiser		
B. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/20/19 Name & Address ASTORINO, JOANN		
35769 LANA LANE STERLING HEIGHTS, MI 48312	<sub>\$</sub> 20.00	
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: J Direct Loan from a person Fund Raiser		
Page Subi	otal 310.00	
Grand Total of All Schedules		
(Complete on last page of Sched	ule) Enter this total on	

Page 12 of 13



#### **CANDIDATE COMMITTEE**

1. Committee I.D. Number \_\_139784

2. Committee Name

#### FRIENDS OF JAZMINE EARLY

Enter contributor's nam middle initial. Check be Committee (PAC) Repo	ox to indicate if conf	contribution is from an indiv tribution is from a Political regardless of amount.	vidual, e Commit	nter last name, first name, lee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: ASTORINO, JAMES 35769 LANA LANE STERLING HEIGHTS	PAC Receipt?	YES 4. Date of	f Receip	t 10/20/19	<sub>s</sub> 80.00	<sub>s</sub> 3,670.00
5. If over \$100.00 cum	ulative, please pro	ovide:			Clink Hans 6	or Memo Itemization
Occupation		Employer	***************************************		VICK Here i	or wemo itemization
Business Address	and the same of th	and the same of th	Summan			
Type of Contribution:	✓ Direct	Loan from a person		Fund Raiser		
Contribution #2     Name & Address	PAC Receipt?	YES 4. Date of	Receip	t		
					\$	\$
5. If over \$100.00 cum	ulative, please pro	ovide:			Click Here for	or Memo Itemization
Occupation		Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
Contribution # 3     Name & Address:	PAC Receipt?	YES 4. Date o	f Receip	ot		
					\$	- \$
5. If over \$100.00 cum	ulative, please pro	ovide:			Click Here fo	r Memo Itemization
Occupation		Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
Contribution # 4     Name & Address	PAC Receipt?	YES 4. Date of	of Recei	pt		
					\$	\$
5. If over \$100.00 cum	ulative, please pro	ovide:			Click Here fo	r Memo Itemization
Occupation		Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
ne primaria de la companya de la co			ewanera a marana a m	Page Subtotal	80.00	
				nd Total of All Schedules 1A	3,670.00	
			(Comple	ete on last page of Schedule)	Enter this total on	

Page 13 of 13

line 3a of Summary Page.



1. Committee I. D. Number

139784

2. Committee Name FRIENDS OF JAZMINE EARLY

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name DOUGLAS R. EARLY		2/16/19	s 92.12
Address	Purpose: INKS	Date	
33294 SHELLEY LYNNE DR.		lere for Memo l	temization Type
STERLING HEIGHTS, MI 48312	· ·		, , , , , , , , , , , , , , , , , , ,
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2		0.10.4.14.0	
Name JAZMINE M. EARLY		2/21/19	\$ 130.00
Address	Purpose: CARDS	Date	
33294 SHELLEY LYNNE DR.		lere for Memo I	temization Type
STERLING HEIGHTS, MI 48312	parameter	ICIC IOI MICINO	torrization rypo
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name JAZMINE M. EARLY		2/22/19	\$41.06
Address	Purpose: CARDS	Date	\$41.00
33294 SHELLEY LYNNE DR.			
STERLING HEIGHTS, MI 48312		tere for Memo I	temization Type
Company of the second of the s	Check box if this expenditure is payment of debt or obligation reported on previous		
Expenditure #4	statement		
Name JAZMINE M. EARLY		0/05/40	
JAZIVIINE IVI. EARLY		2/25/19 Date	\$ 14.51
Address	Purpose: COOKIES FOR SIGN/	Date	
33294 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312	Click I	lere for Memo I	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #5	statement		
Name JAZMINE M. EARLY		2100140	
	Purpose: COOKIES FOR SIGN/	3/08/19 Date	\$10.28
Address 33294 SHELLEY LYNNE DR.	Purpose:	Date	
STERLING HEIGHTS, MI 48312	permanang	lere for Memo	Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	otal this page	287.97
	Grand Total of all (Complete on last page		2,718.82
	(Complete on last page	e or ouriedule)	•



139784

1. Committee I. D. Number

2. Committee Name FRIENDS OF JAZMINE EARLY

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1  Name JAZMINE M. EARLY  Address 33294 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312	Purpose: COOKIES FOR SIGN	3/12/19 Date	\$ 8.98 temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2  Name MACOMB CO. CLERK/REGISTER OI  Address	Purpose: VOTERS LIST	3/21/09 Date	\$ <u>10.00</u>
120 NORTH MAIN ST. MOUNT CLEMENTS, MI 48043	Click F	lere for Memo I	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3  Name CITIZENS BANK  Address	Purpose: BANK SERVICE STAT	3/29/19 Date	\$ 2.00
P.O. BOX 7000 PROVIDENCE, RI 2940  Fund Raiser	Click H Check box if this expenditure is payment of debt or obligation reported on previous statement	lere for Memo I	temization Type
Expenditure #4  Name CITIZENS BANK		4/30/19	\$ 2.00
Address P.O. BOX 7000 PROVIDENCE, RI 2940	Purpose: BANK SERVICE STAT	Date lere for Memo l	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name MACOMB CO. CLERK/REGISTER OI	<sub>Burnaces</sub> LATE FEE	5/06/19	\$80.00
Address 120 NORTH MAIN ST. MOUNT CLEMENTS, MI 48043  Fund Raiser	Click I Check box if this expenditure is payment of debt or obligation reported on previous	Date Here for Memo	Itemization Type
L I unu (Alaci	Subto	tal this page	102.98
	Grand Total of all ( (Complete on last page		2,718.82



# SCHEDULE 1B CANDIDATE COMMITTEE

139784

1. Committee I. D. Number

2. Committee Name FRIENDS OF JAZMINE EARLY

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1  Name DOUGLAS R. EARLY  Address	Purpose: POSTCARDS	5/20/19 Date	\$ <u>760.02</u>
33294 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312	Click H	lere for Memo It	emization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2		E 10 4 14 0	
Name CITIZENS BANK		5/31/19	\$ 2.00
Address	Purpose: BANK SERVICE STAT	Date	
P.O. BOX 7000J PROVIDENCE, RI 2940	Click H	lere for Memo It	emization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name JAZMINE M EARLY	CODIES	6/15/19 Date	\$ 10.20
Address 33294 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312	Purpose: COPIES		emization Type
OTENERO TIEIGITTO, WIT-70012	Check box if this expenditure is payment of	icic ioi memon	Citile Catalon 13,00
Fund Raiser	debt or obligation reported on previous statement	TORK TORK TORK TORK TORK TORK TORK TORK	
Expenditure #4			
Name FEDEX OFFICE		6/25/19	\$ 2.89
Address 37160 VAN DYKE AVE.	Purpose: COPIES	Date	
STERLING HEIGHTS, MI 48312	Click H	lere for Memo If	emization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name FEDEX OFFICE		6/26/19	. 4 05
Address 37160 VAN DYKE AVE.	Purpose: COPIES	Date	\$ <u>1.65</u>
STERLING HEIGHTS, MI 48312		lere for Memo I	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	tal this page	776.76
	Grand Total of all ( (Complete on last page		2,718.82



# SCHEDULE 1B CANDIDATE COMMITTEE

139784

1. Committee I. D. Number

2. Committee Name

PRIENDS OF JAZMINE EARLY

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		0/00/40	
Name CITIZENS BANK		6/28/19	\$ 2.00
Address	Purpose: BANK SERVICE STAT	Date	Many CEAST COMPANY OF THE COMPANY OF
P.O. BOX 7000 PROVIDENCE, RI 2940		Here for Memo I	temization Type
1 1 (	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2		2122112	,
Name FEDEX OFFICE		6/30/19	\$ 2.48
Address	Purpose: COPIES	Date	
37160 VAN DYKE AVE.		Here for Memo I	temization Tyne
STERLING HEIGHTS, MI 48312	promoteron		tonneadon 1 ypo
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name OFFICE DEPOT		6/30/19	\$20.98
	Purpose: PAPER	Date	⇒ <u>∠</u> ∪.∃∪
Address 37600 VAN DYKE	appearance of the control of the con		,
STERLING HEIGHTS, MI 48312		Here for Memo I	temization Type
	Check box if this expenditure is payment of debt or obligation reported on previous	Ť	
Fund Raiser	statement		
Expenditure #4			
Name COSTCO		7/13/19	\$ 103.78
Address	Purpose: FOOD	Date	***************************************
45460 MARKET ST			tamination Town
SHELBY TWP., MI	- Emeratorial	Here for Memo	чениганоп туре
	Check box if this expenditure is payment of debt or obligation reported on previous	f	
Fund Raiser	statement		
Expenditure #5			
Name DOUGLAS EARLY		7/13/19	\$30.07
Address	Purpose: FOOD	Date	V 00.01
33294 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312		Here for Memo	Itemization Type
5	Check box if this expenditure is payment o		••
✓ Fund Raiser	debt or obligation reported on previous statement		
l Land	Sub	total this page	159.31
	Grand Total of al	Il Schedules 1B	2,718.82
	(Complete on last page		2,110.02



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

2. Committee Name FRIENDS OF JAZMINE EARLY

2. 30	Similario Civalino		······································
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name JAZMINE M. EARLY		7/22/19	40.00
JAZIVIINE IVI. EARLI			\$ 48.00
Address	Purpose: WEBPAGE ANNUAL F	Date	and AREA Principles Committee Control of the Area Control of Contr
33294 SHELLEY LYNNE DR.	1 di poso.		
STERLING HEIGHTS, MI 48312	Click I	Here for Memo I	temization Type
	gelantinasoning		
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
	Statement	,	
Expenditure #2			
Name CITIZENS BANK		7/31/19	- 2 00
	Time A. N. B. F. C. And House book P. 60 And Simon And makin M. and	Data	\$ <u>2.00</u>
Address	Purpose: BANK SERVICE STAT	Date	
P.O. BOX 7000	1		
PROVIDENCE, RI 2940	Click H	lere for Memo I	temization Type
11001000,1112040			••
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #3			
Name GoDaddy.com, LLC		0.100.140	
GoDaddy.com, LLC		8/22/19	s 18.17
Address	Purpose: WEBPAGE DOMAIN	Date	
14455 N. Hayden Rd. Suite 219	Purpose:		
SCOTTSDALE, AZ 85260	Click h	lere for Memo I	temization Type
· · · · · · · · · · · · · · · · · · ·			torribution typo
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Sagraped	statement		
Expenditure #4			
Name CITIZENS BANK		8/30/19	
			\$ 2.00
Address	Purpose: BANK SERVICE STAT	Date	
P.O. BOX 7000	Pulpose.		
PROVIDENCE, RI 2940	Click	loro for Mama i	temization Type
, , , , , , , , , , , , , , , , , , , ,	CHURF	tere for Metrio i	ternization Type
	Check box if this expenditure is payment of		
	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Nama FEDEV OFFICE			
Name FEDEX OFFICE		9/12/19	. 2 70
Address	Purpose: COPIES	Date	\$ 3.72
37160 VAN DYKE AVE.	Purpose:		
STERLING HEIGHTS, MI 48312	Click I	Here for Memo	Itemization Type
· · · · · · · · · · · · · · · · · · ·	Check box if this expenditure is payment of		
	debt or obligation reported on previous		
Fund Raiser	statement		
Designation of the Control of the Co		stal this ====	70.00
	Subto	tal this page	73.89
	Grand Total of all	Schedules 1R	0 740 00
	(Complete on last page		2,718.82



1. Committee I. D. Number

139784

#### 2 Committee Name FRIENDS OF JAZMINE EARLY

Z. C.	ommittee ivame		
Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			, , , , , , , , , , , , , , , , , , ,
Name FEDEX OFFICE		9/16/19	. 155
1 Street bad <sup>22</sup> Chemin / V. Napi <sup>2</sup> B U C Napi <sup>2</sup> Essetsi	CODIES	Date	s 4.55
Address	Purpose: COPIES	Date	
37160 VAN DYKE AVE. STERLING HEIGHTS, MI 48312	Click I	Here for Memo	Itemization Type
STERLING REIGHTS, WII 40312		ici c ioi iiiciiio i	itotiiiZattoti 1 jpc
!	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2	Statement		
·		0104140	
Name DOUGLAS EARLY		9/21/19	\$ 23.93
	Purpose: FOOD	Date	
Address	Purpose:		
33294 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312	Click F	lere for Memo	temization Type
OTENLING REIGHTO, MI 40012			
	Check box if this expenditure is payment of		
✓ Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3	Contoni		
Name DOUGLAS EARLY		9/21/19	\$7.18
Address	Purpose: FOOD	Date	Ψ7.10
Address 33294 SHELLEY LYNNE DR.	Purpose:		
STERLING HEIGHTS, MI 48312	Click H	lere for Memo I	temization Type
	Charle have if this average in the property of		
	Check box if this expenditure is payment of debt or obligation reported on previous		
✓ Fund Raiser	statement		
Expenditure #4			
Name DOUGLAS EARLY		9/21/19	
but V V local 12 1 loc			\$ 25.42
Address	Purpose: FOOD	Date	
33294 SHELLEY LYNNE DR.	t dipooc.		
STERLING HEIGHTS, MI 48312	Click H	iere for Memo I	temization Type
	Check box if this expenditure is payment of		
	debt or obligation reported on previous		
✓ Fund Raiser	statement		
Expenditure #5			
Name CITIZENS BANK		0100140	
OFFIZZIAO DI WAY		9/30/19	\$2.00
Address	Purpose: BANK SERVICE STAT	Date	
P.O. BOX 7000		1 F 5 *	
PROVIDENCE, RI 2940		tere for Memo I	temization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	tal this page	63.08
	Gasto		UJ.UU
	Grand Total of all S	1	2,718.82
	(Complete on last page	of Schedule)	



139784

1. Committee I. D. Number

2. Committee Name FRIENDS OF JAZMINE EARLY

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		***************************************	
Name FACEBOOK, INC.		10/02/19	6.00
, in the second of the second	Purpose: FACEBOOK AD	Date	s 6.99
Address 1601 WILLOW RD.	Purpose: 1/10LBOOK/1B		
MENLO PARK, CA	Click F	lere for Memo It	emization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name DOLLAR TREE		10/04/19	\$ 9.54
	ENVELOPS	Date	\$ 9.04
Address 2212 E 14 MILE RD.	Purpose: ENVELOPS		
WARREN	Click H	lere for Memo It	emization Type
	Check havifthis amonditure is navement of		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name POSTAL OFFICE		10/04/19	000 00
Address	Purpose: STAMPS	Date	\$ 330.00
Address 7007 METROPOLITAN PKWY	Purpose:		
STERLING HEIGHTS, MI 48311	Click H	lere for Memo Ite	emization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			10 to 10
Name POSTAL OFFICE		10/05/19	
		Date	\$ 165.00
Address 7007 METROPOLITAN PKWY	Purpose: STAMPS		
STERLING HEIGHTS, MI 48311	Click H	ere for Memo Ite	emization Tyne
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement	***************************************	
Expenditure #5			
Name FEDEX OFFICE		10/07/19	¢0.60
Address	Purpose: COPIES	Date	\$ <u>0.69</u>
37160 VAN DYKE AVE. STERLING HEIGHTS, MI 48312	Click H	lere for Memo Ite	amization Tune
,	Check box if this expenditure is payment of	CIC IOI INCINO IE	omzadon Type
Fund Raiser	debt or obligation reported on previous statement		
		tal this page	512.22
	Grand Total of all S	-	
	(Complete on last page	3	2,718.82



# SCHEDULE 1B CANDIDATE COMMITTEE

139784

1. Committee I. D. Number

2. Committee Name FRIENDS OF JAZMINE EARLY

		T c D-4-	C 8
Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name OFFICE DEPOT		10/07/19	s 26.57
Address	Purpose: COPIES	Date	ALPPANANTANANTANANTANANTANANTANANTANANTA
37600 VAN DYKE AVE.	r drpose,		
STERLING HEIGHTS, MI 48312	Click	Here for Memo	Itemization Type
	Check box if this expenditure is payment or	F	
Tund Driver	debt or obligation reported on previous		
Fund Raiser	statement	w	
Expenditure #2			
Name OFFICE DEPOT		10/07/19	\$ 26.57
	CODIC	Date	\$ 20.01
Address	Purpose: COPIES		
37600 VAN DYKE AVE.	OF	11 6 88	
STERLING HEIGHTS, MI 48312	Click	Here for Memo I	ternization Type
	Check box if this expenditure is payment or	£	
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement	***************************************	
Experioritare #5			
Name OFFICE DEPOT	***	10/07/19	- 220 00
	STAMPS	Date	\$ 220.00
Address 37600 VAN DYKE AVE.	Purpose: STAMPS	Date	
STERLING HEIGHTS, MI 48312	Click	Here for Memo I	temization Type
	Printering .		2011112411011 1 1 1 1 1 1
personal	Check box if this expenditure is payment or debt or obligation reported on previous	f	
Fund Raiser	statement		
Expenditure #4			
Name DOLLAR TREE		10/07/10	
DOLLAR INCL		10/07/19	\$ 8.48
Address	Purpose: ENVELOPS	Date	***************************************
2212 E 14 MILE RD.	i urpose.		
WARREN, MI 48092	Click	Here for Memo I	temization Type
	Chack hav if this avanditure is navment a	ε	
	Check box if this expenditure is payment o debt or obligation reported on previous	8	
Fund Raiser	statement		
Expenditure #5			
Name OFFICE DEPOT		40100145	
	000150	10/08/19	\$33.49
Address	Purpose: COPIES	Date	
37600 VAN DYKE AVE. STERLING HEIGHTS, MI 48312	ON-1		(4 <del></del>
OTENERVO TIETOTTI O, WII 400 12	· ·	: Here for Memo	пенидацон туре
generating	Check box if this expenditure is payment o debt or obligation reported on previous	i	
Fund Raiser	statement		
	Sub	total this page	315.11
	a	10.1.1.1.1.	
	Grand Total of al	1	2,718.82



139784

1. Committee I. D. Number

2. Committee Name FRIENDS OF JAZMINE EARLY

um t 🛷			**************************************
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name OFFICE DEPOT		10/08/19	s 32.96
Addison	COPIES	Date	***************************************
Address 37600 VAN DYKE AVE.	Purpose: OOFILS		
STERLING HEIGHTS, MI 48312	Click I	Here for Memo I	temization Type
	· ·		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous		
	statement	METOTOLOGOOGRAPHOCOGECUMINATAMINO COMMOTION ASSISTANCE	
Expenditure #2	A AUGUSTO CONTRACTOR OF THE STATE OF THE STA		
Name OFFICE DEPOT		10/08/19	405.00
w v v v w man and anna s w s			\$ 165.00
Address	Purpose: STAMPS	Date	
37600 VAN DYKE AVE.	. 6,5000.		
STERLING HEIGHTS, MI 48312	Click F	Here for Memo II	temization Type
5 - EN EN CONTROL 1811 - 100 12			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Lancard	statement		
Expenditure #3			
Name DOUGLAS EARLY		40100145	
DOOGLAG LAINLI		10/08/19	\$ 9.54
Address	Purpose: ENVELOPS	Date	
, idai ood	ruipose		
33294 SHELLEY LYNNE DR.	Click H	tere for Memo It	emization Type
STERLING HEIGHTS, MI 48312			
MANAGEMENT .	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4	Otatomon		774,
•			
Name POSTAL OFFICE		10/09/19	
		Date	\$ 55.00
Address	Purpose: STAMPS	Date	
2844 LIVERNOIS RD			
TROY, MI 48099	Click H	lere for Memo It	emization Type
	parameter and the second secon		7,1-
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5	Content		
•			
Name OFFICE DEPOT		10/10/19	
	Purpose: STAMPS		\$ 55.00
Address 37600 VAN DYKE AVE.	Purpose: OTAIVIT 3	Date	
STERLING HEIGHTS, MI 48312			
OTENEINO HEIGHTS, MI 40012	- Comments	lere for Memo It	emization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
		<del></del>	
	Subto	tal this page	317.50
	Grand Total of all S	Schedules 1D	074000
	Complete on leet name	of Schodulo)	2,718.82



139784 1. Committee I. D. Number

2. Committee Name FRIENDS OF JAZMINE EARLY

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			TO COLOR COLUMN TO THE COLUMN
Name OFFICE DEPOT		10/11/19	\$ 110.00
Address 37600 VAN DYKE AVE. STERLING HEIGHTS, MI 48312	Purpose: STAMPS  Click I	Date -lere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			4
Name			
Address ONLINE SERVICE	Purpose:	Date	\$
	Click F	tere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name			\$
Address ONLINE SERVICE	Purpose:	Date	*
	Click H	ere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4	Statement		
Name			
Address 37600 VAN DYKE AVE.	Purpose:	Date	\$
STERLING HEIGHTS, MI 48312	Click H	ere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name			
Address	Purpose:	Date	\$
Fund Raiser	Click H Check box if this expenditure is payment of debt or obligation reported on previous statement	ere for Memo	Itemization Type
	Subtot	al this page	110.00
	Grand Total of all S (Complete on last page		2,718.82



Page 1 of 6

#### FRIENDS OF JAZMINE EARLY

CANDIDATE COMMITTEE 2. Co	ommittee Name	Of Wastellian E	of &B & Base B	
This Schedule itemizes:	kartalakuten 1970-ten ganaran pengumunkan kartalah di		ustarious fortices exercises in the second s	The state of the s
a Debts and obligations owed by or forgiven the comm	nittee OR b. ✓ Debts k either a or b. Use only for the pur	and obligations owed <u>to</u> or pose checked.)	forgiven <u>by</u> the con	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: LOAN	\$	AND COLOR OF THE PARTY AND	
DOUGLAS EARLY	5. <u>Date Debt Was Incurred</u> :	\$	рассероно при	
33294 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312	02/16/19	\$	CONTRACTOR OF THE CONTRACTOR O	s 92.12
or Eremo heromo, m. 100 m.	6. Original Amount of Debt: \$ 92.12	\$	\$	FORGIVEN
		\$	nano)	Research and Control of the Control
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type: LOAN	\$		
DOUGLAS EARLY 33294 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312	5. <u>Date Debt Was Incurred</u> : 05/20/19 6. <u>Original Amount of Debt</u> :  \$_760.02	\$ \$ \$	\$	\$_760.02
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by:  DOUGLAS EARLY 33294 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312	4. Type: LOAN 5. Date Debt Was Incurred: 07/13/19 6. Original Amount of Debt: 30.07	\$ \$ \$ \$	\$	\$_30.07
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$_	apparating and a second a second and a second a second and a second an
(C	omplete on last page of Schedule s	Grand Total	(Outstanding debt) of all Schedules 1E or to the committee)	Enter this total on line 12a "owed
A debt or obligation must be shown on this Scheduthis Campaign Statement or it was forgiven during	ıle if there was an outstanding a the period covered by this Cam	mount owed on it at the c paign Statement.	losing date of	by"" or line 12b "owed to" of the Summary Page



#### **DEBTS AND OBLIGATIONS** SCHEDULE 1E

1. Committee I.D. Number

139784

#### FRIENDS OF JAZMINE EARLY

CANDIDATE COMMITTEE 2.	Committee Name		The state of the s	in monitoring a survey that the house of the survey of the
This Schedule itemizes:	не в	nagyumangan sa garama merubih inimaduk Adem diklembé keléléh MAGUMAHNI (1980-1997) (1980-1997) (1980-1997) (19		aanaa kanaa ka
a Debts and obligations owed by or forgiven the co	mmittee OR b. 🗹 Debts neck either a or b. Use only for the pu	and obligations owed <u>to</u> or rpose checked.)	forgiven by the con	nmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	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: LOAN	\$	ASTRACTORAÇÃO CONTRACTORA ASTRACTORA ASTRACT	
DOUGLAS EARLY 33294 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312	5. <u>Date Debt Was Incurred</u> : 09/21/19 6. <u>Original Amount of Debt</u> : \$_23.93	\$ \$ \$	\$	\$_23.93 FORGIVEN
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type: LOAN	\$		
DOUGLAS EARLY 33294 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312	5. <u>Date Debt Was Incurred</u> : 09/21/19 6. <u>Original Amount of Debt</u> :  \$ 7.18	\$ \$ \$	\$	\$_7.18
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$	
Debt #3 Corp? Yes Owed to or by:  DOUGLAS EARLY 33294 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312	4. Type: LOAN  5. Date Debt Was Incurred: 09/21/19  6. Original Amount of Debt: \$ 25.42	\$ \$ \$ \$	\$	\$ 25.42 FORGIVEN
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	938.74
	(Complete on last page of Schedule s		of all Schedules 1E or to the committee)	1,211.31
A debt on abligation growth by about a set in Section	dula 16 th ann ann an antatam din a ra	marine arrest on 16 of the co	laning 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

Page 2 of 6



Page 3 of 6

#### FRIENDS OF JAZMINE EARLY

CANDIDATE COMMITTEE 2. Co	ommittee Name			
This Schedule itemizes:	тору не пред на повет на выполня выборя в 1000 до 1000 д	remain kanali dali di 49 279 yang kemananan menanan ana atah danang dalah Apili di 4220 metali 1922 metali 192 Perunangan kanali dali di 49 279 yang kemananan menanan atah danang dalah Apili di 4220 metali 1922 metali 192		
a Debts and obligations owed by or forgiven the comr (Chec	nittee OR b. 🗸 Debts k either a or b. Use only for the pu	and obligations owed <u>to</u> or pose checked.)	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 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	Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
guarantors, if any.		and the second s		
Debt #1 Corp? Yes Owed to or by:	4. Type: LOAN	\$	TO OCH THE STATE OF THE STATE O	
DOUGLAS EARLY	5. Date Debt Was Incurred:	\$	OALDOOROOGIA	
33294 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312	10/08/19	\$	Security of the second section of the section of t	<sub>\$</sub> 9.54
STEREING REIGHTS, WII 40012	6. Original Amount of Debt:	\$	\$	\$
	\$ <u>9.54</u>	ets.	A CONTRACTOR OF THE PROPERTY O	FORGIVEN
If bank loan, name of endorser or guarantor:		\$ Ame	ount Endorsed: \$	
		All Control of the Co	T I	
Debt #2 Corp? Yes Owed to or by:	4. Type:	\$	E ALADAMAN CONTRACTOR DE LA CONTRACTOR D	
•	5. Date Debt Was Incurred:	\$	ANALATA PARA PARA PARA PARA PARA PARA PARA P	
	6. Original Amount of Debt:	\$	\$	\$
	\$	<u> </u>	T year and the second s	FORGIVEN
	*	\$		LIFORGIVEN
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$	
Debt #3 Corp? Yes Owed to or by:	4. Type:	\$		
DOUGLAS EARLY	5. Date Debt Was Incurred:	\$		
33294 SHELLEY LYNNE DR.		\$		
STERLING HEIGHTS, MI 48312	6. Original Amount of Debt:	\$	\$	\$
	\$			FORGIVEN
		\$		
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	948.28
(0	omplete on last page of Schedule s	Grand Total	of all Schedules 1E	1,211.31
A debt or obligation must be shown on this Scheduthis Campaign Statement or it was forgiven during	ule if there was an outstanding a	mount owed on it at the c		Enter this total on line 12a "owed by"" or line 12b "owed to" of the Summary Page



#### FRIENDS OF JAZMINE FARI Y

CANDIDATE COMMITTEE 2. Co	ommittee Name	OI O/Waivillation from	/ \	advenment), må avskå men kriga kritiskapenin fra 1800 vilda elski propint fraktione
This Schedule itemizes:	and do do for from the control of the Assemble and the control of	remenyere mananana a a a a a a a a a a a a a a a	(e-doller (COV-ICQP-Yell-Artifle)) NOV-H-CHAI VOO XIII SOOCO SI SONO VIII NIII III AGOODO AGOODO AGOODO AGOODO	1000 minub 3000 minub 000 minus 1000 000 ee 100 000 48 68 60 000 100 100 100 100 100 100 100 100
a Debts and obligations owed <u>by</u> or forgiven the comm (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.)	forgiven by the con	nmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: LOAN	\$		
JAZMINE EARLY	5. Date Debt Was Incurred:	\$		
33294 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312	02/21/19/19	\$		¢ 130.00
OTENERO TELOTIFO, WINDOTZ	6. Original Amount of Debt:	\$	\$	8
	\$ <u>130.00</u>			FORGIVEN
If bank loan, name of endorser or guarantor:			ount Endorsed: \$	PROFINATION CONTROL CO
Debt #2 Corp? Yes	4. Type: LOAN	and a market and a few mentions and a state of the factor in many and a few mentions of the factor in the factor i		
Owed to or by:	60	\$	mount of the second of the sec	
JAZMINE EARLY 33294 SHELLEY LYNNE DR.	5. <u>Date Debt Was Incurred</u> : 02/22/19	\$	SCORE CONTRACTOR CONTR	**************************************
STERLING HEIGHTS, MI 48312	6. Original Amount of Debt:	\$	outron of the state of the stat	s 41.06
	s 41.06	\$	. Ψ	
	**	<b>\$</b>		FORGIVEN
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by:	4. Type: LOAN	\$		
JAZMINE EARLY	5. Date Debt Was Incurred:	\$	на правиления	ever-relative form
33294 SHELLEY LYNNE DR.	02/25/19	\$	PROMINENCAMA	
STERLING HEIGHTS, MI 48312	6. Original Amount of Debt:	\$	l <sub>\$</sub>	\$_14.51
	<u>\$_14.51</u>			FORGIVEN
		<u> </u>		
If bank loan, name of endorser or guarantor:		Ar	nount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	187.57
(Co	omplete on last page of Schedule s	Grand Total showing amounts owed by d	of all Schedules 1E r to the committee)	1,211.31
A debt or obligation must be shown on this Schedu this Campaign Statement or it was forgiven during			osing date of	Enter this total on line 12a "owed by"" or line 12b "owed to" of the Summary Page

Page	4	of	O



Page 4 of 6

#### FRIENDS OF JAZMINE EARLY

CANDIDATE COMMITTEE 2. Co	ommittee Name	Of O/Wastellistan be	48 & C.	
This Schedule itemizes:	umakinin mineminin kirin k	ngga ppanaan na mba		у при
aDebts and obligations owed by or forgiven the comm (Chec	nittee <b>OR</b> b. 🚺 Debts k either a or b. Use only for the pu	and obligations owed <u>to</u> or rpose checked.)	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 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: LOAN	\$	BALLAGORIA-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-	
JAZMINE EARLY	5. Date Debt Was Incurred:	\$	Supplement of the Control of the Con	
33294 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312	03/08/19/19	\$	www.moorpool.po	<sub>\$</sub> 10.28
OTENERO REIOTTO, IN 700 12	6. Original Amount of Debt: \$ 10.28	\$	\$	FORGIVEN
	5 10.20	<u> </u>		Luma Colore
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type: LOAN	\$		
JAZMINE EARLY	5. Date Debt Was Incurred:	\$	NATIONAL PROPERTY OF THE PROPE	Market State Company of the Company
33294 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312	03/12/19	\$	THE PROPERTY OF THE PROPERTY O	s 8.98
OFEREING HEIGHTO, MI TOOLE	6. Original Amount of Debt:	\$	1 \$	heumonael
	<u>\$_8.98</u>	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by:	4. Type: LOAN	\$		20000000000000000000000000000000000000
JAZMINE EARLY	5. Date Debt Was Incurred:	\$		Appel
33294 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312	06/15/19	\$		\$ 10.20
STERLING REIGHTS, WII 40312	6. Original Amount of Debt:	\$	1 \$	\$
	<u>\$_10.20</u>			FORGIVEN
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	215.03
(C	omplete on last page of Schedule s	Grand Total showing amounts owed by	of all Schedules 1E or to the committee)	1,211.31 Enter this total on line 12a "owed
A debt or obligation must be shown on this Scheduthis Campaign Statement or it was forgiven during	ale if there was an outstanding a the period covered by this Camp	mount owed on it at the coaign Statement.	losing date of	by"" or line 12b "owed to" of the Summary Page



#### FRIENDS OF JAZMINE FARLY

CANDIDATE COMMITTEE 2. Co	ommittee Name	OI O/VailVIIIVa La	A FE & Base &	vasaapaninen vää eli kinäinin minkkinyöä eli 1900-1900 1900 1960 1960 1960 1960 1960 1960
This Schedule itemizes:	ыный дээ хүррэгий дээ Мон (1900 он	oversite and the second		TOWNS TO THE PROPERTY OF THE P
a Debts and obligations owed by or forgiven the comm	nittee OR b. 🗸 Debts k either a or b. Use only for the pur	and obligations owed <u>to</u> or pose checked.)	forgiven by the con	ımittee.
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: LOAN	\$		ALA-ALA-ALA-ALA-ALA-ALA-ALA-ALA-ALA-ALA
JAZMINE EARLY	5. Date Debt Was Incurred:	\$	WOODSHIP COMPANY	COSTONATALANA
33294 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312	07/22/19/19	\$	annument of the state of the st	<sub>\$</sub> 48.00
	6. Original Amount of Debt	\$	\$	, sometiment of the control of the c
	\$_48.00	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type:	\$		
	5. Date Debt Was Incurred:	\$		
	6. Original Amount of Debt:	\$ \$	\$	\$
	Y	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$	
Debt #3 Corp? Yes Owed to or by:	4. Type:	\$		
	5. Date Debt Was Incurred:	\$	V. Andreas Control of the Control of	
	6. Original Amount of Debt:	\$	\ \s	\$
	\$	\$		FORGIVEN
		\$		
If bank loan, name of endorser or guarantor:		Ar	mount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	263.03
(C	omplete on last page of Schedule s	Grand Total showing amounts owed by o	of all Schedules 1E or to the committee)	1,211.31 Enter this total on line 12a "owed
A debt or obligation must be shown on this Scheduthis Campaign Statement or it was forgiven during	ıle if there was an outstanding a the period covered by this Camp	mount owed on it at the claign Statement.	losing date of	by"" or line 12b "owed to" of the Summary Page

Page 6 of 6



#### FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

139784

1. Committee I.D. Number

2. Committee Name FRIENDS OF JAZMINE EARLY

	- USE A	SEPARATE SH	EET FOR EACH EVEN	502
3. Date Event Was Held		of Individuals Attending ating (whichever is	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held. 5072 15 Mile Rd.
07/13/19	TO THE PROPERTY OF THE PROPERT			Sterling Heights, MI 4831
	Standard and an address of the standard and address of the	6	Barbecue	Private Residence
7. Total Contributions		220.00		
8. Other Receipts		0.00		
9. Gross Receipts (Add lines 7	and 8)	220.00		
Total Cost of Event     (Total Cost includes In-Kind Co	·	133.85 and All Expenditures	Made For the Event	
11. Check if event was a jo		,		
Co-Sponsor(s)		Contribution 5 (%)	Split	Expenditure Split (%)
			* Northead and American and Ame	
		APPARAGE PROPERTY AND ADDRESS OF THE PARAGE		* ************************************
·	_		AND	
			APPROXIMATION CONTRACTOR	
	-		<del></del>	
			ANTICAL MATERIAL PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDR	
		<del></del>		
	<del>,,</del>		Para Anna e a Anna e	

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

Page	1	กf	2
1 490		$\sim$	



Summary Page.

Page \_1 \_\_\_\_ of \_2

## FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

139784

1. Committee I.D. Number

2. Committee Name FRIENDS OF JAZMINE EARLY

	- USE A SEPARATE SI	HEET FOR EACH EVENT	TOD
3. Date Event Was Held	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held. 33294 Shelley Lynne Dr.,
09/21/19	Charles and the Charles and th		Sterling Heights, MI 48312
	3	Open House	Private Residence
. Total Contributions	125.00		
. Other Receipts	0.00	MSSMM 644 dawn bear on grown our world of fall and an engage our output (1900 to be seen and the	
. Gross Receipts (Add lines 7	and 8) 125.00	www.goodhalladininininininininininininininininininin	
Total Cost of Event     Total Cost includes In-Kind Cor	56.53		
UZ-months.			
<ol> <li>Check if event was a join</li> </ol>	int fund raiser and complete th	ne following:	
Co-Sponsor(s)  Co-Sponsor(s)	Int fund raiser and complete the Contribution (%)	-	Expenditure Split (%)
	Contribution	-	

Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the

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