



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 139784		3. This Statement covers From: <u>02/10/19</u> to <u>10/20/19</u>	
2. Committee Name Friends Of Jazmine Early		4. Candidate Last Name <u>Early</u> First Name <u>Jazmine</u> M.I. <u>M.</u> 4a. Office Sought Including District # or Community Served (If applicable) 4b. County of Residence <u>MACOMB</u>	
5. Committee's Mailing Address 33294 Shelley Lynne Dr., Sterling Heights, MI 48312 Area Code and Phone <u>(586) 522-9930</u> 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 Jazmine M. Early 33294 Shelley Lynne Dr., Sterling Heights, MI 48312 Area Code & Phone <u>(586) 522 - 9930</u>	
7. Treasurer's Business Address 33294 Shelley Lynne Dr., Sterling Heights, MI 48312 Area Code and Phone <u>(586) 522- 9930</u>		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Area Code and Phone _____	
9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input 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 <u>11/05/19</u>		Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input checked="" 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 <u>Jazmine M. Early</u> Type or Print Name		Signature <u>Jazmine M. Early</u> Date <u>10/25/19</u>	
Candidate <u>Jazmine M. Early</u> Type or Print Name		Signature <u>Jazmine M. Early</u> Date <u>10/25/19</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139784

2. Committee Name FRIENDS OF JAZMINE EARLY

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>3,670.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>3,670.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>0.00</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>3,670.00</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>0.00</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>0.00</u>	(22.) \$ _____
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>2,718.82</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>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>2,718.82</u>	(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.) \$	<u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>0.00</u>	(24.) \$ _____
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>1,211.31</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>0.00</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>3,670.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>3,670.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>2,718.82</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>951.18</u>	*



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
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? <input type="checkbox"/> YES	4. Date of Receipt <u>2/10/19</u>	
Name & Address: MAREK, IRENE 14915 DOVER CT. SHELBY TWP., MI		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>2/25/19</u>	
Name & Address: MCMILLIN, TOMAS 4096 BOLD MDWS OAKLAND TWP., MI 48306		\$ <u>50.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/25/19</u>	
Name & Address: GARRY, LEO C. 45815 GRANT CT. MACOMB, MI 48044		\$ <u>25.00</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		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/02/19</u>	
Name & Address: HATTEN, LYNN VON 32430 COVENTRY PL. WARREN, MI 48093		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 150.00

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

3,670.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
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? <input type="checkbox"/> YES 4. Date of Receipt <u>03/02/19</u> Name & Address: MITCHELL, THOMAS B. 40171 WILLIAM DR., STERLING HEIGHTS, MI 48313		\$ <u>25.00</u>	\$ <u>175.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/04/19</u> Name & Address: WILLIAMS, JARVIS L 6670 WINDJAMMER PL LAKEWOOD RANCH, FL 34202		\$ <u>200.00</u>	\$ <u>375.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/09/19</u> Name & Address: DESAELE, PHILIS 42430 UTICA RD STERLING HEIGHTS, MI 48314		\$ <u>100.00</u>	\$ <u>475.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/12/19</u> Name & Address: WISNIEWSKI, MARY ANN 34826 TYLER DR. STERLING HEIGHTS, MI 48310		\$ <u>100.00</u>	\$ <u>575.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 425.00

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

3,670.00

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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 139784
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/10/19</u> Name & Address: KOCHANOWICZ, SUZANNE 11433 PEYTON DR STERLING HEIGHTS, MI 48312	\$ <u>20.00</u>	\$ <u>595.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/22/19</u> Name & Address: JOHNS, SANDRA 14468 COULEE DR. STERLING HEIGHTS, MI 48313	\$ <u>50.00</u>	\$ <u>645.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/08/19</u> Name & Address: GOLDISH, CHRISTINE 36815 PARK PLACE DR STERLING HEIGHTS, MI 48310	\$ <u>10.00</u>	\$ <u>655.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/11/19</u> Name & Address: HOLLAND CYNTHIA 2626 EARL LAKE RD. STERLING HEIGHTS, MI 48843	\$ <u>20.00</u>	\$ <u>675.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization

Page Subtotal 100.00

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

3,670.00

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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/14/19</u> Name & Address: LANDUYT, YUDY 1842 CHASE DR. ROCHESTER, MI 48307		\$ <u>50.00</u>	\$ <u>725.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/10/19</u> Name & Address: ZOLKEWSKY, MYRON POBOX 205 UNION LAKE, MI 48387		\$ <u>25.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/10/19</u> Name & Address: MAREK, IRENE 14915 DOVER CT. SHELBY TWP., MI		\$ <u>25.00</u>	\$ <u>775.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/11/19</u> Name & Address: POZNIAK, GENEVIEVE 16415 WALCLIFF DR. CLINTON TWP., MI 48035		\$ <u>20.00</u>	\$ <u>795.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 120.00

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

3,670.00

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139784
2. Committee Name FRIENDS OF JAZMINE EARLY

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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/11/19</u> Name & Address: HAYTER, BONNIE 14899 28 MILE RD. WASHINGTON, MI 48094		\$ <u>50.00</u>	\$ <u>845.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/13/19</u> Name & Address: VITALE, PAULINE 16473 CONGRESS DR. CLINTON TWP., MI 48038		\$ <u>50.00</u>	\$ <u>895.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/13/19</u> Name & Address: LEAKE, MICHELLE 48586 SANDIFER CT. SHELBY TWP, MI 48317		\$ <u>20.00</u>	\$ <u>915.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/13/19</u> Name & Address: MICHAEL KONNERS 178 E HURST DR. TROY, MI 48085		\$ <u>25.00</u>	\$ <u>940.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 145.00

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

3,670.00

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
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? <input type="checkbox"/> YES 4. Date of Receipt <u>07/13/19</u> Name & Address: BENTLEY, CAROL 14933 XAVIER STERLING HEIGHTS, MI 48313		\$ <u>25.00</u>	\$ <u>965.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/13/19</u> Name & Address: NEIL, THOMAS 35647 CANDLEWOOD DR. STERLING HEIGHTS, MI 48312		\$ <u>75.00</u>	\$ <u>1,040.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/13/19</u> Name & Address: MITCHELL, THOMAS B. 40171 WILLIAM DR. STERLING HEIGHTS, MI 48313		\$ <u>25.00</u>	\$ <u>1,065.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/14/19</u> Name & Address: HARBERT, LISA 42884 BLOOMINGDALE DR STERLING HEIGHTS, MI 48314		\$ <u>100.00</u>	\$ <u>1,165.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 225.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule) 3,670.00

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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/15/19</u> Name & Address: PANNEBACKER, BRIAN 25984 MARITIME CIR. S HARRISON TWP., 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>25.00</u>	\$ <u>1190.00</u>
		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/22/19</u> Name & Address: DESAELE, PHILIS 42430 UTICA RD 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>100.00</u>	\$ <u>1,290.00</u>
		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/31/19</u> Name & Address: MOREAU, JUDY 12758 DE COOK DR. STERLING HEIGHTS, MI 48313 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>200.00</u>	\$ <u>1,490.00</u>
		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8/30/19</u> Name & Address: DJURIC, CHRISTOPHER 47395 BOBWHITE LN. SHELBY TWP., MI 48315 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>M FITNESS CLUB</u> Business Address <u>5742 15 MILE RD., STERLING HEIGHTS, MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>500.00</u>	\$ <u>1,990.00</u>
		Click Here for Memo Itemization	

Page Subtotal 825.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule) 3,670.00

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**ITEMIZED CONTRIBUTIONS
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1. Committee I.D. Number 139784
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/03/19</u> Name & Address: BODALSKI, MARY 5664 WOODVIEW DR. STERLING HEIGHTS, MI 48314-2068		\$ <u>50.00</u>	\$ <u>2,040.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/04/19</u> Name & Address: PARISH JULIE 13735 GLENRIO DR. STERLING HEIGHTS, MI 48313		\$ <u>20.00</u>	\$ <u>2,060.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/14/19</u> Name & Address: CZECH, CAROLYN 39130 MARNE AVE. STERLING HEIGHTS, MI 48313		\$ <u>50.00</u>	\$ <u>2,110.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/15/19</u> Name & Address: WHITE, SHARON 2920 ACORN RD. BLOOMFIELD TWP., MI 48302		\$ <u>200.00</u>	\$ <u>2,310.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 320.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule) 3,670.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
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? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>9/16/19</u> Name & Address: MACOMB COUNTY REPUBLICAN WOMEN'S CLUB PO BOX 380583 CLINTON TWP., MI 48038		\$ <u>50.00</u>	\$ <u>2,360.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/21/19</u> Name & Address: HUGHESIAN, JUDY 6620 HEARTHSTONE CT. WEST BLOOMFIELD TWP., MI 48322		\$ <u>25.00</u>	\$ <u>2,385.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/21/19</u> Name & Address: GREEN, KARIN 42082 BOBJEAN ST. STERLING HEIGHTS, MI 48314		\$ <u>50.00</u>	\$ <u>2,435.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/21/19</u> Name & Address: KIRMA, JALAL 4800 MACERI CT. STERLING HEIGHTS, MI 48314		\$ <u>50.00</u>	\$ <u>2,485.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 175.00

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

3,670.00

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
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? <input type="checkbox"/> YES 4. Date of Receipt <u>9/22/19</u> Name & Address: PARISH, JULIE 13735 GLENRIO DR. STERLING HEIGHTS, MI 48313		\$ <u>20.00</u>	\$ <u>2,505.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/23/19</u> Name & Address: VAYKO, NANETTE 8752 ALWARDT DR. STERLING HEIGHTS, MI 48313		\$ <u>25.00</u>	\$ <u>2,530.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/01/19</u> Name & Address: TROSPER, MICHELINE 45410 NOTTINGHAM DR. STERLING HEIGHTS, MI 48044		\$ <u>100.00</u>	\$ <u>2,630.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/04/19</u> Name & Address: KUMMER, FREDERICK 37328 DUNDEE ST. STERLING HEIGHTS, MI 48310		\$ <u>200.00</u>	\$ <u>2,830.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 345.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule) 3,670.00

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
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? <input type="checkbox"/> YES 4. Date of Receipt <u>10/08/19</u> Name & Address: WATSON, JAMES 12205 CHEVELLE DR. STERLING HEIGHTS, MI 48312		\$ <u>200.00</u>	\$ <u>3,030.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/10/19</u> Name & Address: HAKIM, NORA 55564 HEARTSIDE DR. STERLING HEIGHTS, MI 48316		\$ <u>100.00</u>	\$ <u>3,130.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/11/19</u> Name & Address: HETTWER, JAMES 43351 ASPEN DR. STERLING HEIGHTS, MI 48313		\$ <u>100.00</u>	\$ <u>3,230.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/12/19</u> Name & Address: MITCHELL, THOMAS B. 40171 WILLIAM DR. STERLING HEIGHTS, MI 48313		\$ <u>50.00</u>	\$ <u>3,280.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 450.00

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

3,670.00

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
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? <input type="checkbox"/> YES 4. Date of Receipt <u>10/15/19</u> Name & Address: BODALSKI, MARY 5664 WOODVIEW DR. STERLING HEIGHTS, MI 48314-2068	\$ <u>40.00</u>	\$ <u>3,320.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/15/19</u> Name & Address: PFEUFFER, PAMELA 41268 CILANTRO DR. STERLING HEIGHTS, MI 48314	\$ <u>50.00</u>	\$ <u>3,370.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/18/19</u> Name & Address: LANGWEROWSKI, MARCELLA 33716 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312	\$ <u>200.00</u>	\$ <u>3,570.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/20/19</u> Name & Address: ASTORINO, JOANN 35769 LANA LANE STERLING HEIGHTS, MI 48312	\$ <u>20.00</u>	\$ <u>3,590.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization

Page Subtotal 310.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule) 3,670.00

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line 3a of Summary
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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

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? <input type="checkbox"/> YES 4. Date of Receipt <u>10/20/19</u> Name & Address: ASTORINO, JAMES 35769 LANA LANE STERLING HEIGHTS, MI 48312		\$ <u>80.00</u>	\$ <u>3,670.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 80.00

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

3,670.00

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line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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 Address 33294 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: <u>INKS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2/16/19</u> Date	<u>\$ 92.12</u>
Expenditure #2 Name JAZMINE M. EARLY Address 33294 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: <u>CARDS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2/21/19</u> Date	<u>\$ 130.00</u>
Expenditure #3 Name JAZMINE M. EARLY Address 33294 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: <u>CARDS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2/22/19</u> Date	<u>\$ 41.06</u>
Expenditure #4 Name JAZMINE M. EARLY Address 33294 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: <u>COOKIES FOR SIGN/</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2/25/19</u> Date	<u>\$ 14.51</u>
Expenditure #5 Name JAZMINE M. EARLY Address 33294 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: <u>COOKIES FOR SIGN/</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/08/19</u> Date	<u>\$ 10.28</u>
Subtotal this page			287.97
Grand Total of all Schedules 1B (Complete on last page of Schedule)			2,718.82

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on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

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 JAZMINE M. EARLY Address 33294 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: <u>COOKIES FOR SIGN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/12/19</u> Date	<u>\$ 8.98</u>
Expenditure #2 Name MACOMB CO. CLERK/REGISTER OF Address 120 NORTH MAIN ST. MOUNT CLEMENTS, MI 48043 <input type="checkbox"/> Fund Raiser	Purpose: <u>VOTERS LIST</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/21/09</u> Date	<u>\$ 10.00</u>
Expenditure #3 Name CITIZENS BANK Address P.O. BOX 7000 PROVIDENCE, RI 2940 <input type="checkbox"/> Fund Raiser	Purpose: <u>BANK SERVICE STA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/29/19</u> Date	<u>\$ 2.00</u>
Expenditure #4 Name CITIZENS BANK Address P.O. BOX 7000 PROVIDENCE, RI 2940 <input type="checkbox"/> Fund Raiser	Purpose: <u>BANK SERVICE STA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/30/19</u> Date	<u>\$ 2.00</u>
Expenditure #5 Name MACOMB CO. CLERK/REGISTER OF Address 120 NORTH MAIN ST. MOUNT CLEMENTS, MI 48043 <input type="checkbox"/> Fund Raiser	Purpose: <u>LATE FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/06/19</u> Date	<u>\$ 80.00</u>
Subtotal this page			102.98
Grand Total of all Schedules 1B (Complete on last page of Schedule)			2,718.82

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Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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 Address 33294 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTCARDS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/20/19</u> Date	<u>\$ 760.02</u> Click Here for Memo Itemization Type
Expenditure #2 Name CITIZENS BANK Address P.O. BOX 7000J PROVIDENCE, RI 2940 <input type="checkbox"/> Fund Raiser	Purpose: <u>BANK SERVICE STA1</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/31/19</u> Date	<u>\$ 2.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name JAZMINE M EARLY Address 33294 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: <u>COPIES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/15/19</u> Date	<u>\$ 10.20</u> Click Here for Memo Itemization Type
Expenditure #4 Name FEDEX OFFICE Address 37160 VAN DYKE AVE. STERLING HEIGHTS, MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: <u>COPIES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/25/19</u> Date	<u>\$ 2.89</u> Click Here for Memo Itemization Type
Expenditure #5 Name FEDEX OFFICE Address 37160 VAN DYKE AVE. STERLING HEIGHTS, MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: <u>COPIES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/26/19</u> Date	<u>\$ 1.65</u> Click Here for Memo Itemization Type

Subtotal this page

776.76

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

2,718.82

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Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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 CITIZENS BANK Address P.O. BOX 7000 PROVIDENCE, RI 2940 <input type="checkbox"/> Fund Raiser	Purpose: <u>BANK SERVICE STAT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/28/19</u> Date	<u>\$ 2.00</u>
Expenditure #2 Name FEDEX OFFICE Address 37160 VAN DYKE AVE. STERLING HEIGHTS, MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: <u>COPIES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/30/19</u> Date	<u>\$ 2.48</u>
Expenditure #3 Name OFFICE DEPOT Address 37600 VAN DYKE STERLING HEIGHTS, MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: <u>PAPER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/30/19</u> Date	<u>\$ 20.98</u>
Expenditure #4 Name COSTCO Address 45460 MARKET ST SHELBY TWP., MI <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FOOD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/13/19</u> Date	<u>\$ 103.78</u>
Expenditure #5 Name DOUGLAS EARLY Address 33294 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FOOD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/13/19</u> Date	<u>\$ 30.07</u>

Subtotal this page

159.31

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

2,718.82

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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 JAZMINE M. EARLY Address 33294 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: <u>WEBPAGE ANNUAL F</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/22/19</u> Date	<u>\$ 48.00</u>
Expenditure #2 Name CITIZENS BANK Address P.O. BOX 7000 PROVIDENCE, RI 2940 <input type="checkbox"/> Fund Raiser	Purpose: <u>BANK SERVICE STA1</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/31/19</u> Date	<u>\$ 2.00</u>
Expenditure #3 Name GoDaddy.com, LLC Address 14455 N. Hayden Rd. Suite 219 SCOTTSDALE, AZ 85260 <input type="checkbox"/> Fund Raiser	Purpose: <u>WEBPAGE DOMAIN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/22/19</u> Date	<u>\$ 18.17</u>
Expenditure #4 Name CITIZENS BANK Address P.O. BOX 7000 PROVIDENCE, RI 2940 <input type="checkbox"/> Fund Raiser	Purpose: <u>BANK SERVICE STA1</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/30/19</u> Date	<u>\$ 2.00</u>
Expenditure #5 Name FEDEX OFFICE Address 37160 VAN DYKE AVE. STERLING HEIGHTS, MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: <u>COPIES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/12/19</u> Date	<u>\$ 3.72</u>
Subtotal this page			73.89
Grand Total of all Schedules 1B (Complete on last page of Schedule)			2,718.82

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Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

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 FEDEX OFFICE Address 37160 VAN DYKE AVE. STERLING HEIGHTS, MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: <u>COPIES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/16/19</u> Date	<u>\$ 4.55</u> Click Here for Memo Itemization Type
Expenditure #2 Name DOUGLAS EARLY Address 33294 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FOOD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/21/19</u> Date	<u>\$ 23.93</u> Click Here for Memo Itemization Type
Expenditure #3 Name DOUGLAS EARLY Address 33294 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FOOD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/21/19</u> Date	<u>\$ 7.18</u> Click Here for Memo Itemization Type
Expenditure #4 Name DOUGLAS EARLY Address 33294 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FOOD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/21/19</u> Date	<u>\$ 25.42</u> Click Here for Memo Itemization Type
Expenditure #5 Name CITIZENS BANK Address P.O. BOX 7000 PROVIDENCE, RI 02940 <input type="checkbox"/> Fund Raiser	Purpose: <u>BANK SERVICE STA1</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/30/19</u> Date	<u>\$ 2.00</u> Click Here for Memo Itemization Type
Subtotal this page			63.08
Grand Total of all Schedules 1B (Complete on last page of Schedule)			2,718.82

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

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 FACEBOOK, INC. Address 1601 WILLOW RD. MENLO PARK, CA <input type="checkbox"/> Fund Raiser	Purpose: FACEBOOK AD <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/02/19</u> Date	<u>\$ 6.99</u>
Expenditure #2 Name DOLLAR TREE Address 2212 E 14 MILE RD. WARREN <input type="checkbox"/> Fund Raiser	Purpose: ENVELOPS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/04/19</u> Date	<u>\$ 9.54</u>
Expenditure #3 Name POSTAL OFFICE Address 7007 METROPOLITAN PKWY STERLING HEIGHTS, MI 48311 <input type="checkbox"/> Fund Raiser	Purpose: STAMPS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/04/19</u> Date	<u>\$ 330.00</u>
Expenditure #4 Name POSTAL OFFICE Address 7007 METROPOLITAN PKWY STERLING HEIGHTS, MI 48311 <input type="checkbox"/> Fund Raiser	Purpose: STAMPS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/05/19</u> Date	<u>\$ 165.00</u>
Expenditure #5 Name FEDEX OFFICE Address 37160 VAN DYKE AVE. STERLING HEIGHTS, MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: COPIES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/07/19</u> Date	<u>\$ 0.69</u>

Subtotal this page **512.22**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **2,718.82**

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

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 OFFICE DEPOT Address 37600 VAN DYKE AVE. STERLING HEIGHTS, MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: <u>COPIES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/07/19</u> Date	\$ <u>26.57</u>
Expenditure #2 Name OFFICE DEPOT Address 37600 VAN DYKE AVE. STERLING HEIGHTS, MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: <u>COPIES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/07/19</u> Date	\$ <u>26.57</u>
Expenditure #3 Name OFFICE DEPOT Address 37600 VAN DYKE AVE. STERLING HEIGHTS, MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: <u>STAMPS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/07/19</u> Date	\$ <u>220.00</u>
Expenditure #4 Name DOLLAR TREE Address 2212 E 14 MILE RD. WARREN, MI 48092 <input type="checkbox"/> Fund Raiser	Purpose: <u>ENVELOPS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/07/19</u> Date	\$ <u>8.48</u>
Expenditure #5 Name OFFICE DEPOT Address 37600 VAN DYKE AVE. STERLING HEIGHTS, MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: <u>COPIES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/08/19</u> Date	\$ <u>33.49</u>

Subtotal this page **315.11**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **2,718.82**

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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 OFFICE DEPOT Address 37600 VAN DYKE AVE. STERLING HEIGHTS, MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: COPIES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/08/19</u> Date	<u>\$ 32.96</u>
Expenditure #2 Name OFFICE DEPOT Address 37600 VAN DYKE AVE. STERLING HEIGHTS, MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: STAMPS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/08/19</u> Date	<u>\$ 165.00</u>
Expenditure #3 Name DOUGLAS EARLY Address 33294 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: ENVELOPS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/08/19</u> Date	<u>\$ 9.54</u>
Expenditure #4 Name POSTAL OFFICE Address 2844 LIVERNOIS RD TROY, MI 48099 <input type="checkbox"/> Fund Raiser	Purpose: STAMPS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/09/19</u> Date	<u>\$ 55.00</u>
Expenditure #5 Name OFFICE DEPOT Address 37600 VAN DYKE AVE. STERLING HEIGHTS, MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: STAMPS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/10/19</u> Date	<u>\$ 55.00</u>

Subtotal this page

317.50

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

2,718.82

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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 OFFICE DEPOT Address 37600 VAN DYKE AVE. STERLING HEIGHTS, MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: STAMPS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/11/19 Date	\$ 110.00
Expenditure #2 Name Address ONLINE SERVICE <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 #3 Name Address ONLINE SERVICE <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 37600 VAN DYKE AVE. STERLING HEIGHTS, MI 48312 <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 **110.00**

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

2,718.82

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139784
2. Committee Name FRIENDS OF JAZMINE EARLY

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: DOUGLAS EARLY 33294 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>02/16/19</u> 6. <u>Original Amount of Debt:</u> <u>\$ 92.12</u>	\$ \$ \$ \$ \$	\$	\$ <u>92.12</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: DOUGLAS EARLY 33294 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>05/20/19</u> 6. <u>Original Amount of Debt:</u> <u>\$ 760.02</u>	\$ \$ \$ \$ \$	\$	\$ <u>760.02</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: DOUGLAS EARLY 33294 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/13/19</u> 6. <u>Original Amount of Debt:</u> <u>\$ 30.07</u>	\$ \$ \$ \$ \$	\$	\$ <u>30.07</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt) **882.21**
Grand Total of all Schedules 1E **1,211.31**
(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.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139784
2. Committee Name FRIENDS OF JAZMINE EARLY

This Schedule itemizes:

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Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: DOUGLAS EARLY 33294 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>09/21/19</u> 6. <u>Original Amount of Debt:</u> \$ <u>23.93</u>	\$ \$ \$ \$ \$	\$ \$ \$ \$ \$	\$ <u>23.93</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: DOUGLAS EARLY 33294 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>09/21/19</u> 6. <u>Original Amount of Debt:</u> \$ <u>7.18</u>	\$ \$ \$ \$ \$	\$ \$ \$ \$ \$	\$ <u>7.18</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: DOUGLAS EARLY 33294 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>09/21/19</u> 6. <u>Original Amount of Debt:</u> \$ <u>25.42</u>	\$ \$ \$ \$ \$	\$ \$ \$ \$ \$	\$ <u>25.42</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt) **938.74**
Grand Total of all Schedules 1E **1,211.31**
(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 139784
2. Committee Name FRIENDS OF JAZMINE EARLY

This Schedule itemizes:

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Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: DOUGLAS EARLY 33294 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/08/19</u> 6. <u>Original Amount of Debt:</u> <u>\$ 9.54</u>	\$ \$ \$ \$ \$	\$	\$ <u>9.54</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:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</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: DOUGLAS EARLY 33294 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)	948.28
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)	1,211.31

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.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139784
2. Committee Name FRIENDS OF JAZMINE EARLY

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: JAZMINE EARLY 33294 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>02/21/19/19</u> 6. <u>Original Amount of Debt:</u> <u>\$ 130.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>130.00</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: JAZMINE EARLY 33294 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>02/22/19</u> 6. <u>Original Amount of Debt:</u> <u>\$ 41.06</u>	\$ \$ \$ \$ \$	\$	\$ <u>41.06</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: JAZMINE EARLY 33294 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>02/25/19</u> 6. <u>Original Amount of Debt:</u> <u>\$ 14.51</u>	\$ \$ \$ \$ \$	\$	\$ <u>14.51</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **187.57**

Grand Total of all Schedules 1E **1,211.31**
(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.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139784
2. Committee Name FRIENDS OF JAZMINE EARLY

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: JAZMINE EARLY 33294 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>03/08/19/19</u> 6. <u>Original Amount of Debt:</u> \$ <u>10.28</u>	\$ \$ \$ \$ \$	\$ \$ \$ \$ \$	\$ <u>10.28</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: JAZMINE EARLY 33294 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>03/12/19</u> 6. <u>Original Amount of Debt:</u> \$ <u>8.98</u>	\$ \$ \$ \$ \$	\$ \$ \$ \$ \$	\$ <u>8.98</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: JAZMINE EARLY 33294 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/15/19</u> 6. <u>Original Amount of Debt:</u> \$ <u>10.20</u>	\$ \$ \$ \$ \$	\$ \$ \$ \$ \$	\$ <u>10.20</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) 215.03
Grand Total of all Schedules 1E 1,211.31
(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.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139784
2. Committee Name FRIENDS OF JAZMINE EARLY

This Schedule itemizes:

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Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: JAZMINE EARLY 33294 SHELLEY LYNNE DR. STERLING HEIGHTS, MI 48312	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/22/19/19</u> 6. <u>Original Amount of Debt:</u> <u>\$ 48.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>48.00</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:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</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:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) 263.03
Grand Total of all Schedules 1E 1,211.31
(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.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139784
2. Committee Name FRIENDS OF JAZMINE EARLY

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>07/13/19</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>6</u>	5. Type of Fund Raising Activity <u>Barbecue</u>	6. Address and Name (If any) of the place where the activity was held. <u>5072 15 Mile Rd.</u> <u>Sterling Heights, MI 4831</u> <input checked="checked" type="checkbox"/> Private Residence
---	--	---	--

7. Total Contributions 220.00
8. Other Receipts 0.00
9. Gross Receipts (Add lines 7 and 8) 220.00
10. Total Cost of Event 133.85
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

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



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139784
2. Committee Name FRIENDS OF JAZMINE EARLY

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>09/21/19</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>3</u>	5. Type of Fund Raising Activity <u>Open House</u>	6. Address and Name (If any) of the place where the activity was held. <u>33294 Shelley Lynne Dr., Sterling Heights, MI 48312</u> <input checked="" type="checkbox"/> Private Residence
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7. Total Contributions 125.00
8. Other Receipts 0.00
9. Gross Receipts (Add lines 7 and 8) 125.00
10. Total Cost of Event 56.53
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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