

CANDIDATE COMMITTEE COVED DAGE

| CANDIDATE COMMITTEE COVER PAGE | | 11-27-18 FOR OFFICIAL USE ONLY | | | | |
|--|--|---|---|--|--|--|
| | | 3. This Statement covers From: | | 7-20-19 | | |
| 1. Committee I.D. Number | | Candidate Last Name | First Name | M. | l. | |
| 139637 | | 4a. Office Sought Including Dist | | | | |
| 2. Committee Name Lisasinclair 4 Clerk | | Macomb Co. | inty Clerk/k | egister of Dec | As | |
| 21000 | | 4b. County of Residence | comb | · · | | |
| 5. Committee's Mailing Address 37969 Elm Lane | | 6. Treasurer's Name & Resider Kenneth | | | | |
| Marrison Township, MI 48045 | | 1 20285 AL RIGHT | | | | |
| Area Code and Phone 586-569-9211 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may | | Harrison Township, MI 48045 Area Code & Phone 586-914-9944 | | | | |
| be sent to this address by the filing official. | | Area Code & Phone | 86-719-1 | | | |
| 7. Treasurer's Business Address 38/51 LPANSE (14 | euse | Designated Record Keeper Designated Record Keeper) | 's Name and Address (If the | committee has a | | |
| Harrison Township, Mi | I 48045 | N/A | | 19 JUL 25 | -0 | |
| Area Code and Phone | 144 | Area Code and Phone | | <u></u> | . 2 | |
| 9. TYPE OF STATEMENT | Poguired O | NLY if candidate | 9e. Dissolution of Candid | | | |
| 9a. Pre-Election OR 9b. Post-Election | | e ballot for the | By checking this item I by the committee to the car by discharged and forgiven | /We certify any outstandidate or his or her s , and no long collect | nding debt euse is here lible from | |
| Pre-Election or Post-Election Statement relates to: | July Quar | rterly | the committee. The commowes no lates fees or has a | ittee has no oustandin | g assets, | |
| Primary General | October Quarterly | | Further, if the dissolution cannot be granted, that this be | | | |
| Convention | | | considered a request for the | e Reporting Waiver. | | |
| Special | 9c. Annual Statement () Coverage Year | | Effective date of dissolution | | | |
| School | o → □ Ame | endment to Campaign Statement | | | | |
| Caucus | 9d. (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) | | Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. | | | |
| Date of Election, Convention or Caucus | | | | | | |
| | | | | | ! | |
| | | | | | | |
| 10. Verification: NWe 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 | | Signature | Date | | | |
| Candidate Lisa Sinclar , Sul Date 7-25-19 | | | | | | |
| Type or Print Name Signature | | | | | | |



SUMMARY PAGE

1. Committee I.D. Number 139637

2. Committee Name Fisa Sinclair 4 Clerk

| CANDIDATE COMMITTEE | | |
|--|---|--|
| RECEIPTS | Column I This Period | Column II Cumulative this election cycle |
| 3. Contributions | • | , |
| a. Itemized (Schedule 1A - Column 6) | (3a.) \$ | |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$ NOT APPLICABLE | 190708 |
| c. Subtotal of "Contributions" | (3c.) \$ <u> </u> | (18.)\$ () 10 /, 80 |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) \$ | (19.) \$ |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) \$ | (20.)\$ 6907.88 |
| IN-KIND CONTRIBUTIONS & EXPENDITURES | Α | 10000 |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) \$ | (21.)\$ 6 18,87 |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) | (7.) \$ | (22.) \$ |
| EXPENDITURES | | |
| 8. Expenditures | X | |
| a. Itemized (Schedule 1B, Column 6) | (8a.) \$ | |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G) | (8b.) \$ | |
| c. Uniternized (less than \$50.01 each - no Schedule) | (8c.) \$ | (23.)\$ 6,872,99 |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) | (9.) \$ | (23.)\$ (0) 0 / 0 / 1 |
| INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) | | |
| 10. Disbursements a. Itemized (Schedule 1C, Column 6) | (10a.) \$ | |
| b. Unitemized (less than \$50.01 each - no Schedule) | (10b.) \$ | |
| 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) | (11.) \$ | (24.)\$ |
| DEBTS AND OBLIGATIONS 12. Debts and Obligations | | |
| a. Owed by the Committee (Schedule 1E) | (12a.)\$ 16,016,77 | |
| b. Owed to the Committee (Schedule 1E) | (12b.) \$ | |
| 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15) | BALANCE STATEMENT (13.) \$ 34.89 (14.) + \$ 0 (15.) = \$ 34.89 (16.) - \$ 0 (17.) \$ 34.89 | <u>, </u> |