



**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.

3. This Statement covers From: 7-23-18 to 8-27-18

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

4. Candidate Last Name Sinclair First Name Lisa M.I.
4a. Office Sought Including District # or Community Served (If applicable)
Macomb County Clerk/Registrar of Deeds
4b. County of Residence Macomb

5. Committee's Mailing Address
46958 N. Gratiot Ave.
PO BOX 262
Chesterfield, MI 48051
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 be sent to this address by the filing official.

6. Treasurer's Name & Residential Address
Kenneth J. Verkest
39285 N. Blom
Harrison Township, MI 48045
Area Code & Phone (586) 914-9944

7. Treasurer's Business Address
38151 L'Anse au Lac
Harrison Township, MI
48045
Area Code and Phone _____

8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)
N/A
Area Code and Phone _____

9. TYPE OF STATEMENT
9a. Pre-Election OR 9b. Post-Election
Pre-Election or Post-Election Statement relates to:
 Primary
 General
 Convention
 Special
 School
 Caucus
Date of Election, Convention or Caucus
8-7-18

Required ONLY if candidate is not on the ballot for the current year:
 July Quarterly
 October Quarterly
9c. Annual Statement (_____) Coverage Year
9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee
 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 completed, 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.

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 Kenneth J. Verkest, [Signature] Date 7-24-19
Candidate Lisa Sinclair, [Signature] Date 7-19-19

MACOMB COUNTY CLERK
CLEMENS, MICHIGAN
19 JUL 19 PM 4:32
FILED
19 JUL 25 PM 3:24
FILED