



**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: 11/26/19 to 12/12/19

1. Committee I.D. Number
139784

2. Committee Name
Friends Of Jazmine Early

4. Candidate Last Name **Early** First Name **Jazmine** M.I. **M.**

4a. Office Sought Including District # or Community Served (If applicable)
City Council

4b. County of Residence **MACOMB**

5. Committee's Mailing Address
**33294 Shelley Lynne Dr.,
Sterling Heights, MI 48312**

Area Code and Phone **(586) 522-9930**

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 **(586) 522 - 9930**

7. Treasurer's Business Address
**33294 Shelley Lynne Dr.,
Sterling Heights, MI 48312**

Area Code and Phone **(586) 522- 9930**

8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)

FILED
 19 DEC 12 PM 1:24
 MACOMB COUNTY CLERK
 MT. CLEMENS, MICHIGAN

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

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 lates 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
12/12/19

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 **Jazmine M. Early** Signature *Jazmine M. Early* Date **12/12/19**

Candidate **Jazmine M. Early** Signature *Jazmine M. Early* Date **12/12/19**



1. Committee I.D. Number 139784

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name FRIENDS OF JAZMINE EARLY

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>0.00</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>0.00</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>398.08</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>398.08</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>0.00</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>398.08</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>0.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>398.08</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>398.08</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>0.00</u>	*



**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 <input type="checkbox"/> Fund Raiser	Purpose: <u>SERVICE STATEMENT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/29/11</u> Date	<u>\$ 2.00</u>
Expenditure #2 Name MICHIGAN OAK INITIATIVE Address P.O. BOX 136 BELMONT, MI 49306 <input type="checkbox"/> Fund Raiser	Purpose: <u>DONATION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/11/11</u> Date	<u>\$ 125.00</u>
Expenditure #3 Name ROCKET FUEL FUND Address 47841 ROYAL POINTE DR. CANTON <input type="checkbox"/> Fund Raiser	Purpose: <u>DONATION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/11/11</u> Date	<u>\$ 75.08</u>
Expenditure #4 Name POSTAL OFFICE Address 7007 METROPOLITAN PKWY STERLING HEIGHTS, MI 48311 <input type="checkbox"/> Fund Raiser	Purpose: <u>STAMPS-MAILING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/12/11</u> Date	<u>\$ 133.60</u>
Expenditure #5 Name OFFICE DEPOT Address 37600 VAN DYKE 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>12/12/11</u> Date	<u>\$ 62.40</u>

Subtotal this page **398.08**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **398.08**

Enter this total
on line 8a of
Summary Page