



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE COVER PAGE

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

FILED
10 OCT 22 PM 4:16

CARHELLA SABAUGH
MACOMB COUNTY CLERK
CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

3. This Statement covers From: <u>Jan 01, 2010 to Oct 17, 2010</u>		
4. Candidate Last Name <u>Kincaid</u>	First Name <u>Jammie</u>	M.I. <u>L</u>
4a. Office Sought Including District # or Community Served (if applicable) <u>New Haven Village President</u>		
4b. County of Residence <u>Macomb</u>		
6. Treasurer's Name & Residential Address <u>Velvet Dilbert</u> <u>59880 Cynthia Dr.</u> <u>New Haven, MI 48048</u>		
Area Code & Phone <u>(584) 615-7184</u>		
8. Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper) <u>Anita White</u> <u>30022 Midfield Dr.</u> <u>New Haven, MI 48048</u>		
Area Code and Phone <u>(584) 738-2692</u>		

1. Committee I.D. Number <u>138377</u>
2. Committee Name <u>CTE Jammie Kincaid</u>
5. Committee's Mailing Address <u>31455 Clark St.</u> <u>New Haven, MI 48048</u>
Area Code and Phone <u>(584) 260-3293</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.

7. Treasurer's Business Address <u>59880 Cynthia Dr.</u> <u>New Haven, MI 48048</u>
Area Code and Phone <u>(584) 615-7184</u>

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"/> School
<input type="checkbox"/> Special	<input type="checkbox"/> Caucus
Date of Election, Convention or Caucus <u>11/02/10</u>	

9c. <input checked="" type="checkbox"/> Annual Statement (<u>2010</u> 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. <input type="checkbox"/> Dissolution of Candidate Committee
Effective Date of Dissolution _____

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.
Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

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>Velvet Dilbert / Velvet Rillbert</u>	Type or Print Name	Signature	Date	<u>10/20/10</u>
Candidate	<u>Jammie Kincaid</u>	Type or Print Name	Signature	Date	<u>10/20/10</u>



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number

138377

2. Committee Name

C TE Jannine Kincaid

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 10.09.10

Name & Address:

KINCAID, MARCUS, W
26175 VALHALLA DRIVE
FARMINGTON HILLS, MI 48331

\$ 100.00

5. If over \$100.00 cumulative, please provide:

Occupation

Employer JOHNSON CONTROLS

Click Here for Memo Itemization

Business Address

Type of Contribution:

☐ Direct☐ Loan from a person☒ Fund Raiser

3. Contribution #2

PAC Receipt? ☐ YES

4. Date of Receipt 10.06.10

Name & Address:

BARRETTA JR., DONALD
52851 EIFFEL CT.
WARREN, MI 48088

\$ 100.00

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

RIZZO SERVICES

Click Here for Memo Itemization

Business Address

Type of Contribution:

☐ Direct☐ Loan from a person☒ Fund Raiser

3. Contribution #3

PAC Receipt? ☐ YES

4. Date of Receipt 05.04.10

Name & Address:

GOODARD, MICHAEL, A.
4280 BOB MEADOWS WAY
DAKINLAND TOWNSHIP, MI 48306

\$ 50.00

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

DOCTOR PRIVATE PRACTICE

Click Here for Memo Itemization

Business Address

Type of Contribution:

☐ Direct☐ Loan from a person☒ Fund Raiser

3. Contribution #4

PAC Receipt? ☐ YES

4. Date of Receipt 09.10.10

Name & Address:

KINCAID, MARY, A.
31455 CLARK
NEW HAVEN, MI 48048

\$ 20.00

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

RETIRED

Click Here for Memo Itemization

Business Address

Type of Contribution:

☐ Direct☐ Loan from a person☒ Fund Raiser

Page Subtotal

\$ 270.00

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138377
2. Committee Name CTE Jammie Kincaid

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 09.09.10
Name & Address: PEETE, W., F.
58881 AINE ST.
NEW HAVEN, MI 48048

\$ 100.00 \$

5. If over \$100.00 cumulative, please provide:

Occupation RETIRED Employer

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Click Here for Memo Itemization

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 09.06.10
Name & Address: CIBOR, EDWARD, J.
1042 WILLOW GROVE CR.
ROCHESTER, MI 48307

\$ 100.00 \$

5. If over \$100.00 cumulative, please provide:

Occupation Employer ATTORNEY PRIVATE PRACTICE

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Click Here for Memo Itemization

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 09.09.10
Name & Address: WILSON, GORDON, B.
19297 HICKORY RIDGE ROAD
ROSE TOWNSHIP, MI 48030

\$ 50.00 \$

5. If over \$100.00 cumulative, please provide:

Occupation Employer TECH ENGINEER

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Click Here for Memo Itemization

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 09.09.10
Name & Address: MEAGHER, PATRICK S.
5127B CAROLINE DRIVE
CHESTERFIELD, MI 48047

\$ 100.00 \$

5. If over \$100.00 cumulative, please provide:

Occupation Planner Employer Community Planning

Business Address 43260 Garfield Clinton Township, MI 48038

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Click Here for Memo Itemization

Page Subtotal \$350.00

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 138377

2. Committee Name CTE Jamie Kincaid

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 09.09.10

Name & Address: BRAK, BRIAN, A.
51696 PROMENADE LANE
NEW BATHMORE, MI 48047

\$ 100.00

\$ _____

5. If over \$100.00 cumulative, please provide:

Occupation COMMISSIONER Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Click Here for Memo Itemization

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 09.09.10

Name & Address: LIBERT, ERIC, L.
30074 MARLBOROUGH DR.
NEW HAVEN, MI 48048

\$ 100.00

\$ _____

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer DUPONT AUTOMOTIVE

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Click Here for Memo Itemization

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt 09.09.10

Name & Address: LABORELLI, GREGORY
53058 RIDGEWOOD DR.
CHESTERFIELD, MI 48051

\$ 100.00

\$ _____

5. If over \$100.00 cumulative, please provide:

Occupation DEVELOPER Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Click Here for Memo Itemization

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt 09.09.10

Name & Address: BRUTEY, EDWARD, A.
38157 RADDE
CLINTON TOWNSHIP, MI 48036

\$ 50.00

\$ _____

5. If over \$100.00 cumulative, please provide:

Occupation COMMISSIONER Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Click Here for Memo Itemization

Page Subtotal

\$ 350.00

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138377

2. Committee Name CTE Jammie Kincaid

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 ☒ NO 4. Date of Receipt 09.09.10

Name & Address: HAASE, JENNIFER, A.
34826 MAPLEWOOD LANE
RICHMOND, MI 48062

\$ 100.00

\$ _____

5. If over \$100.00 cumulative, please provide:

Occupation State Rep. Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Click Here for Memo Itemization

3. Contribution #2 PAC Receipt? ☐ YES ☒ NO 4. Date of Receipt 09.09.10

Name & Address: CORY PLUMB
75 MARY ST.
MT. CLEMENS, MI 48043

\$ 1000.00

\$ _____

5. If over \$100.00 cumulative, please provide:

Occupation Owner Employer BASIC METALS, INC.

Business Address 75 MARY STREET, MT. CLEMENS, MI 48043

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Click Here for Memo Itemization

3. Contribution #3 PAC Receipt? ☐ YES ☒ NO 4. Date of Receipt 09.09.10

Name & Address: WINKLE, WALTER K.
40950 25 Mile Rd.
CHESTERFIELD, MI 48051

\$ 200.00

\$ _____

5. If over \$100.00 cumulative, please provide:

Occupation Owner Employer PHOENIX CONTRACTING

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Click Here for Memo Itemization

3. Contribution #4 PAC Receipt? ☐ YES ☒ NO 4. Date of Receipt 09.09.10

Name & Address: BALASI FRANK E.
1817 VIANNE
ROCHESTER HILLS, MI 48309

\$ 400.00

\$ _____

5. If over \$100.00 cumulative, please provide:

Occupation Partner Employer SUPERIOR EXCAVATING

Business Address 2791 Auburn Rd Auburn Hills, MI 48321

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Click Here for Memo Itemization

Page Subtotal

\$ 1700.00

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number

138377

2. Committee Name

CTE Jamie Kincaid

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 05.18.10

Name & Address:

Anette Higgins
58775 Chennault Dr.
New Haven, MI 48048

\$ 100.00

\$

5. If over \$100.00 cumulative, please provide:

Occupation Computer Tech Employer Teach - A - Teach

Business Address 58775 Chennault Dr., New Haven, MI 48048

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Click Here for Memo Itemization

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 09.09.10

Name & Address:

Acciavatti, Rinaldo, G.
6321 Grandot
St. Clair, MI 48079

\$ 400.00

\$

5. If over \$100.00 cumulative, please provide:

Occupation Partner Employer Parmer Construction

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Click Here for Memo Itemization

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt 09-10-10

Name & Address:

Ernie Rotundo
6336 Millett Ave.
Sterling Heights, MI 48312

\$ 200.00

\$

5. If over \$100.00 cumulative, please provide:

Occupation Owner Employer Capital Contracting

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Click Here for Memo Itemization

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt 9-09-10

Name & Address:

Joey Zuccaro

\$ 100.00

\$

5. If over \$100.00 cumulative, please provide:

Occupation Owner Employer Joey's Barber Shop

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Click Here for Memo Itemization

Page Subtotal

800.00

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number

138377

2. Committee Name

CTE Jammie Kincaid

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

9/10/10

Name & Address:

Lawrence M. Scott

\$ 200

\$

5. If over \$100.00 cumulative, please provide:

Occupation

Attorney

Employer

O'Reilly Rancillo

[Click Here for Memo Itemization](#)

Business Address

12400 Hall Road Suite 350 Sterling Heights, MI 48317

Type of Contribution:

☐ Direct

☐ Loan from a person

☒ Fund Raiser

3. Contribution #2

PAC Receipt?

☐ YES

4. Date of Receipt

Name & Address

Ronald Trombly
5252 Countyline
Lenox Twp, MI 48050

\$ 50

\$

5. If over \$100.00 cumulative, please provide:

Occupation

Supervisor

Employer

Lenox Twp

[Click Here for Memo Itemization](#)

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☒ Fund Raiser

3. Contribution #3

PAC Receipt?

☐ YES

4. Date of Receipt

9/17/10

Name & Address:

Robert Peete
58881 Pine St.
New Haven, MI 48048

\$ 100

\$

5. If over \$100.00 cumulative, please provide:

Occupation

Retired

Employer

Ford Motor Co

[Click Here for Memo Itemization](#)

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution #4

PAC Receipt?

☐ YES

4. Date of Receipt

Name & Address

\$

\$

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

[Click Here for Memo Itemization](#)

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☐ Fund Raiser

Page Subtotal

350

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

3,970

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1**

CANDIDATE COMMITTEE

1. Committee I.D. Number

138377

2. Committee Name

CTE Jammie Kincaid

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: <u>Jeffrey M. McHugh</u> <u>Miller Canfield PAC</u> <u>150 West Jefferson</u> <u>Detroit, MI 48226</u>	Date of Receipt <u>09-09-10</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____ <input checked="" type="checkbox"/> Fund Raiser	\$ <u>150.00</u> Click for Memo Itemization Type
Receipt #2 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____ Click for Memo Itemization Type
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____ Click for Memo Itemization Type
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____ Click for Memo Itemization Type
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____ Click for Memo Itemization Type
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____ Click for Memo Itemization Type
Receipt #7 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____ Click for Memo Itemization Type
Page Subtotal			<u>150.00</u>
Grand Total of All Schedules 1A-1 (Complete on last page of Schedule)			<u>150.00</u>

Enter this total on
line 4 of Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 138377

2. Committee Name CTE Jammie Kincaid

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Clark Graphics</u> Address <u>21914 Schmeman</u> <u>Warren, MI 48089</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Literature</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/12/10</u> Date	<u>\$ 914.59</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>New Haven Post Office</u> Address <u>New Haven, MI 48048-9998</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Bulk mail Permit</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/8/10</u> Date	<u>\$ 370.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>New Haven Post Office</u> Address <u>New Haven, MI 48048-9998</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Mailing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/4/10</u> Date	<u>\$ 439.55</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>New Haven Post Office</u> Address <u>New Haven, MI 48048-9998</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Mailing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/23/10</u> Date	<u>\$ 82.18</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>New Haven Post Office</u> Address <u>New Haven, MI 48048-9998</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Mailing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/1/10</u> Date	<u>\$ 128.28</u> Click Here for Memo Itemization Type
Subtotal this page			<u>1935.60</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			Enter this total on line 8a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number

138327

2. Committee Name

CTE Jammie Kincaid

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Roberts Ink</u> Address <u>59810 Havenridge</u> <u>New Haven, MI 48048</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Website</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/14/10</u> Date	<u>\$ 400</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>New Haven Post Office</u> Address <u>New Haven, MI 48048-9998</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Mailing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/16/10</u> Date	<u>\$ 280</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>New Haven Post Office</u> Address <u>New Haven, MI 48048-9998</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Mailing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/5/10</u> Date	<u>\$ 425</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>Burning Tree Golf & Country Club</u> Address <u>22871 Twenty-One Mile Road</u> <u>Macomb, MI 48044-2019</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fund Raiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/9/10</u> Date	<u>\$ 1,435.92</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>Lenox Township</u> Address <u>63775 Gratiot</u> <u>Lenox, MI 48050</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Labels</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/19/10</u> Date	<u>\$ 34.40</u> Click Here for Memo Itemization Type
Subtotal this page			<u>3,075.32</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 138377
2. Committee Name CTE Jammie Kincaid

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Target Stores</u> Address <u>23 mile Rd</u> <u>Chesterfield, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Materials</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/16/10</u> Date	<u>\$ 100.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>Sears/Kmart</u> Address <u>23 mile Rd</u> <u>Chesterfield, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Materials</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/15/10</u> Date	<u>\$ 100.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>JAH Lion Graphics</u> Address <u>23561 Lake pointe Drive</u> <u>Clinton Township, MI 48036</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/4/10</u> Date	<u>\$ 467.54</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>New Haven Community Schools</u> Address <u>30375 Clark Street</u> <u>New Haven, MI 48048</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertisement</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/1/10</u> Date	<u>\$ 125.00</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>JAH Lion Graphics</u> Address <u>23561 Lake pointe Drive</u> <u>Clinton Township, MI 48036</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/20/10</u> Date	<u>\$ 500.00</u> Click Here for Memo Itemization Type
Subtotal this page			<u>1,288.54</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			Enter this total on line 8a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 138377

2. Committee Name CTE Jammie Kincaid

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>TSC</u> Address <u>57155 Gratiot Ave.</u> <u>New Haven, MI 48048</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Sign Post</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/12/10</u> Date	<u>\$ 193.13</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>Staples</u> Address <u>51382 Gratiot Ave.</u> <u>Chester Field, MI 48051</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Post Cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/12/10</u> Date	<u>\$ 175.29</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>Greater New Hope Missionary Church</u> Address <u>58527 Delance ST</u> <u>New Haven, MI 48048</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertisement</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/14/10</u> Date	<u>\$ 200.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>Buy Design</u> Address <u>Port Huron, MI 48060</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Post Cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/21/10</u> Date	<u>\$ 180.00</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>Buy Design</u> Address <u>Port Huron, MI 48060</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Post Cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/24/10</u> Date	<u>\$ 180.00</u> Click Here for Memo Itemization Type
Subtotal this page			<u>928.42</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>7,227.88</u>

Enter this total
on line 8a of
Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**1. Committee I.D. Number 1383772. Committee Name CTE Jammie Kincaid**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held <u>09/09/10</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>40</u>	5. Type of Fund Raising Activity <u>Dinner Buffet</u>	6. Address and Name (if any) of the place where the activity was held. <u>Burning Tree Golf Club</u> <u>22871 21 mile rd.</u> <u>maconb, MI 48044</u> <input type="checkbox"/> Private Residence
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7. Total Contributions

1,158.00

8. Other Receipts

277.92

9. Gross Receipts (Add lines 7 and 8)

1,435.92

10. Total Cost of Event

1,435.92

(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
(%)

- 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 (1-1K), 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.