

CANDIDATE COMMITTEE COVER PAGE

FILED 10 OCT 22 PM 4: 16 OCT LA SABAUGH CACHELLA SABAUGH CACHE COUNTY CLEAN FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by	3. This Statement covers From:		
Report must be legible, typed or printed in ink and signed by the treasurer (or designated report keeper) and candidate.	Jan 01, 2010 to (10.7 17. 2010		
1. Committee I.D. Number	4. Candidate Last Name First Name M.I.		
138377	Kineard Tomic		
2. Committee Name	4a. Office Sought Including District # or Community Served (If applicable)		
CTE Jannie Kincaid	New Haven Village President		
5. Committee's Mailing Address	4b. County of Residence Macomb		
	6. Treasurer's Name & Residential Address		
314SS Clark ST.	Veluer Dilbert		
New Haven, MI 48048	59880 Cynthia Dr.		
Area Code and Phone (5%(c) 1(60-3)93	New Haven, MI 48048		
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.	Area Code & Phone (584) (615-7184		
7. Treasurer's Business Address	Designated Record keeper's Name and Malling Address (If the committee has a Designated Record keeper)		
59880 Cynthia Dr.	· · · · · · · · · · · · · · · · · · ·		
n	Anita White		
New Haven MI 48048	30022 Midfield Br.		
	New Hoven, MI 48048		
Area Code and Phone (584) (615 - 7184	Area Code and Phone (580) 739-2692		
9. TYPE OF STATEMENT			
9a. Pre-Election OR 9b. Post-I	t-Election 9c. Annual Statement (CoCoverage Year)		
Pre-Election or Post-Election Statement relates to:	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement Is being amended)		
Primary Gene	eral 9e. Dissolution of Candidate Committee		
Convention School	ool Effective Date of Dissolution		
Special Caucu	THE STATE OF THE S		
	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		
Date of Election, Convention or Caucus	the dissolution cannot be granted, that this be considered a request for the Reporting Walver.		
11/02/16	Note: The disposition of residual funds must be reported an Schodule		
A committee that does not have a Reporting Waiver must file all requisions. Direct contributions in the document of the second o	cuired Campaign Statements The Campaign Statements		
If any of the Information listed in items 2, 4, 5, 6, 7, or 8 has changed amendment to the Statement of Organization should accompany this before the filling deadling of a required company this	ditures, and cuistanding debts count against the \$1,000 Reporting Walver threshold. It is since the information was shown on the committee's Statement of Organization, an act campaign Statement. If a request for a Reporting Walver is not received on or at campaign statement cannot be walved.		
10. Verification: I/We certify that all reasonable diligence was used in I	at campaign statement cannot be waived.		
10. Verification: \textsup \textsup We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of			
Current Treasurer or Designated Record keeper Velvet Dilbert / Velvet Rollart			
Type or Print Name	Signature Date (7/)0//0		
Candidate Jammie Kinca	() - K.		
Type or Print Name	S/gnature Date 10 () 0 / 10		
Authority granted under P.A. 388 of 1076			



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

I. Committee I.D. Number	138377
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OVIADIDA LE COMMITTEE	2. Committee Name 6 TE Jannie K
Enter contributor's name and address. If contribution is from an individual, et middle initial. Check box to indicate if contribution is from a Political Committ Committee (PAC) Report <u>all</u> contributions regardless of amount.	
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt	ID. 09. ID
KINCAID, MARCUS, NI	10.01.1D
Mains Valla la Nova	
FORMINATON HINE, MI 48351	100.00
5. If over \$100.00 cumulative, proase provide:	s 100.00 s
OccupationEmployer_4_D7NSON	COLURNS Click Here for Memo Itemization
Business Address	CONTRINIS CONTRIBUTION MARIND REMIZATION
Type of Contribution:	
Loan flom a person	Fund Raiser
4. Date of Receipt	10. Db. 1D
BARRETTA DE NOMBA	
1 54051 CITTE CH	
Warren, MI 48088	\$ 100.00 s
	100.00
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer KIZZO ATR	VIAES Click Here for Memo Itemizetion
Business Address	
Type of Contribution: Direct Loan from a person	Fund Raiser
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address: CADDRAPD, Michael, A. 4280 BUID MEADOWS have DOKIAND TOWNSHIP, MI 48306	05. DH. 10 \$50.00 \$
5. If over \$100.00 cumulative, please provide:	Click Haro for Manne to the
OccupationEmployer_LoctoR	VOAT PRACTICE Click Here for Memo Itemization
Business Address	MUTC I NULTHE
Type of Contribution: Direct	und Raiser
Contribution #4	
Address Kincaio Mary, A.	01. 10. 10
New Haven, MI 48048	<u> 20.00</u> .
. If over \$100.95 cumulative, please provide;	•
Occupation_KETIRED Employer	Click Here for Memo Itemization
usiness Address	
Type of Contribution:	
ype of Contribution: Direct Loan from a person X Fun	d Raiser
	Page Subtotal #10.00
Grand 7a	otal of All Schedules 1A
(Complete on	last page of Schedule)
geor	Enter this total on line 3a of Summary Page.



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number	13837
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CANDIDATE COMMITTEE 2. Committee Name	CTE Jame	nie Kincaid
middle initial. Check box to indicate if contribution is from an individual, enter last name, first name Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Curnulative for Election Cycle for Each Contributor (Through
Name & Address: PETE, NJ, F. 58881 PINE SK.		date of receipt)
MEW HAVEN, MI 48048 5. If over \$100.00 cumulative, please provide:	:100 00	&
Occupation KETIRED Employer	Click Here fo	or Memo Itemization
Business Address	-	
Type of Contribution: Direct Loan from a person X Fund Raiser 3. Contribution #2 PAC Receipt2 XES 4 Date 10		
Name & Address CILOR, EDWARD, J. 1042 Willow CROVE CT.		
Rochester, MI 48307	\$ 100.00	s .
5. If over \$100.00 cumulative, please provide:		
OccupationEmployed Attorney PRIVAR PROUNT	. Click Here for D≧	Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person X Fund Raiser		{
3. Contribution#3 PAC Receipt? VES 4. Date of Receipt D9. D9. 10 Name & Address: WIZDN, GORDON, B. 19297 HICKORY RIDGE RAD ROSE TOWNSHIP, MI 48430	50.0D	\$
5. If over \$100.00 cumulative, please provide:	Click Here for N	Memo Itemization
Occupation Employer TEW ENGINEER		West (12a tion)
Business Address Type of Contribution: Direct Loan from a person X Fund Raiser		
Asme & Address MEACHER, FATRICK, S. SIZTE CARDINE DRIVE Chescept D9. 69. 10 Chescept D9. 69. 10	s IDD, DD	
. If over \$100.00 cumulative, please provide:	<u> </u>	\$
Occupation Planer Employer Community Planning	Click Here for Me	emo Itemization
Business Address 433 (c) (acfield) (linton Township MT y Type of Contribution: Direct Loan from a person X Fund Raiser	18038	
Page Subtotal	*350.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
age <u>h</u> of b	Enter this total on line 3a of Summary Page.	



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number	13837
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CANDIDATE COMMITTEE 2 Committee Name	1302	
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.	e, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt D9. D9. ID Name & Address: CROK, BRILLN, A. ENDITED HOMENADE LANE NEW BULLTIMORE, MI 48047 5. If over \$100.00 cumulative, please provide: Occupation COM/REIDIEF Employer Business Address	s IDD. OD Click Here fo	s
Type of Contribution: Direct Loan from a person X Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt D9. D9. D	s IDO. DD Click Here for	\$Memo Itemization
PAC Receipt? YES 4. Date of Receipt 09.09.10 SADER RIDGEWOOD DR. CITEMERICO, MI 480*51 H over \$190.00 cumulative, please provide: Direct Loan from a person X Fund Raiser Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09.09.10	s IDO, OO Click Here for M	\$emo Itemization
A Date of Receipt 09.09.10 SRIFT RADDE CINNON TOWNSHIP, MI 48030 If over \$100.00 cumulative, please provide: MOCONE CALLIE Scupation Commissions Employer siness Address ype of Contribution: Direct Loan from a person X Fund Raiser	s <u>50.00</u> Click Here for Me	s mo Itemization
Page Subtotal	#250.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number	_
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SCHEDULE 1A 1. Committee I.D. Nur	nber 138377
CANDIDATE COMMITTEE 2. Committee Name	(TE To YOU')
Enter contributor's name and address. If contribution is from an individual, enter last name, first nam middle initial. Check box to indicate if contribution is from a Political Committee or an independent Committee (PAC) Report all contributions regardless of amount.	e, 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through
Name & Address: Haase, JENNITER, A. 54826 Maplewood Lane Richmond, MI 48068	date of receipt)
5. If over \$190.00 cumulative, please provide: Occupation	\$ IDD DD \$ Click Here for Memo Itemization
Business Address Type of Contribution: Direct Loan from a person X Fund Raiser 3. Contribution #2 PAC Receipt? VES 4 Data 12 Address	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt D9. 09. 1D Name & Address CORY Plumb 75 May ST. MT. Clemens, MI 48043	\$ 1,000.00 s
5. If over \$100.00 cumulative, please provide:	* 1000. CD \$
Occupation Owner Employer BUSIC METALS, INC.	Click Here for Memo Itemization
Business Address 75 Mary Street, Mr. Claneaus, MI 48045	
Type of Contribution: Direct Loan from a person X Fund Raiser	
Name & Address: WINKLE, WALRE, K. A6950 25 Mile Rb. Chesterfield, MI 46051	s 200.00 s
6. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Owner Employer Photnix Confracting Business Address	Short for the memo remization
Type of Contribution: Direct Loan from a person X Fund Raiser	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 9. 09. 10 Name & Address Calabu Frank E. 1817 VIANNE	
Rochester Hritz, MI 48369	£400.00 s
5. If over \$100.00 cumulative, please provide:	
Occupation Partaen Employer & Superior Excavaring	Click Here for Memo Itemization
Type of Contribution: Direct Loan from a person X Fund Raiser	
Page Subtotal Grand Total of All Schedules 1A	#1,700.00
(Complete on last page of Schedule)	Enter this total on line 3a of Summary

Page.



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

. Committee I.D. Number

	2. Committee Name	CTE Jama	ie Kincard
Enter contributor's name and address. If contribution is from middle initial. Check box to indicate if contribution is from a Committee (PAC) Report all contributions regardless of amount of the contributions regardless of a contribution is from the contribution of the contribution is from the contribution of the contribution is from		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # 1 PAC Receipt? YES	Date of Receipt 05, 10, 10		date of receipt)
	<u> </u>	~	
Anette Higgins	,		
58775 Chennauly		\$ 10D.00	_
6. If over \$100.00 cumulative, please provide:	8	\$ 10D. DO	5
Occupation COMPUTER TECH Employer 1	ach-A- Teach	Click Here for	or Memo Itemization
Business Address 58775 CHENNA N. T.	, New Haven, MI 48040		
Type of Contribution: Direct Loan from a			
3. Contribution #2 PAC Receipt? YES 4.	Date of Receipt 09.09.10		
Name & Address Acciavatti, Rinialbo, C.			
4321 GROUDT			
Sr. Clair, MI 40179		5400.00	•
•			•
5. If over \$100.00 cumulative, please provide:		Click Here fo	r Memo Itemization
Occupation Dartner Employer 101	har Construction		
Business Address			
Type of Contribution: Direct Loan from a pe	rson X Fund Raiser		
Contribution #3 PAC Receipt? YES 4.	Date of Receipt 09-10-10		
Ernic Rotundo	<u> </u>		
6336 Millett Ave.		. 200 -	
Sterling Heights MI L	(C).	\$ 300.00	\$
in over a reging or minimative Diese blokide:		Click Here for	Memo Itemization
Docupation Cuner Employer C	apital Contracting		TO THE STATE OF TH
ype of Contribution: Direct Loan from a pe	rson Fund Raiser		
Contribution#4 PAC Receipt? YES 4.	Date of Receipt 9 - 09 - 10		
Joey Zuccaro			
,		4	
		\$ 100.00	\$
If over \$100.00 cumulative, please provide:			
coupation 0 was Employer	Joey's Barbershop	Click Here for N	lemo Itemization
usiness Address			
Type of Contribution: Direct Loan from a per	son V Fund Raiser		
- Least	Page Subtotal		
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ITEMIZED CONTRIBUTIONS

SC	HEDULE 1A	 Committee I.D. Number 	$r = \frac{1.5\%}{1.5\%}$	o 177
	DATE COMMITTEE	2. Committee Name	CTE JO	innie Kinco
Committee (PAC) Report all con-	dress. If contribution is from an individu ate if contribution is from a Political Con tributions regardiess of amount.	ial, enter last name, first name, mmittee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
Contribution #1 PAC Name & Address:	Receipt? YES 4. Date of Re	ceipt 9/10/10		date of receipt)
Lawn	ence M. Scott		-	
5. If over \$100.00 cumulative, pl	ease provide:		<u>s</u> 200	\$
Occupation ATTORNEY	Employer N'Reil	ly Rancillo	Click Here for	or Memo Itemization
Business Address 12900	Hall Road Suite 350	Sterling Heights M	I 403.5	
	Loan nom a person	V Fund Raiser	78519	
3. Contribution #2 PAC Re Name & Address	eceipt? YES 4. Date of Rec	eipt		
Ronald	Trombly			
5252 C	ounty line		<u>\$50</u>	\$
してへいと 5. If over \$100.00 cumulative, pie	Twp, MI 48050 ase provide:		ou	
	Employer Lenax 7	ωρ	Click Here for	r Memo Itemization
Business Address		-		
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution # 3 PAC Rec		eipt 9(7/10		
Rober	7			
58881	Pine ST.		\$ 100	•
ردس ا If over \$100,00 cumulative, piece	taven, MI 48048		Click Harp for	Memo Itemization
•	_	Motor Co	Olick Hate IOI	vierro itemization
usiness Address	climbiokei1 of O	1.0121 0		
Type of Contribution: Direct	Loan from a person	Fund Raiser		
Contribution # 4 PAC Rec	elpt? YES 4. Date of Rece	elpt		
		<u> </u>		
If over \$100.00 cumulative, pleas	se nravide:		<u> </u>	\$
Occupation			Click Here for N	Memo Itemization
	Employer			
usiness Address Type of Contribution: Direct				j
Type of Contribution: Direct	Loan from a person	Fund Raiser		
		Page Subtotal	350	
	Gra (Comple	nd Total of All Schedules 1A	3,970 7	

Page ____of ___o

Enter this total on line 3a of Summary Page.



ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1

	CANDIDATE COMMITTEE	1. Committee I.D. Number 1383)
3. Name & Address	From Whom Received 4. Date of Receipt	2. Committee Name CTE Jannie Kincai
Receipt #1 Name & Address:	Date of Receipt O9-09	7.0 (MOR of Dooring
	m moltusta	10.00
miller	M. MeHugh Lankfeld PAC Jefferson	Interest
150 Wes-	Jafferson _	Refund \Rebate Click for Memo Itemization Type
DETroit 1	MI 48 224 Fund Raiser	Other (Specify)
Receipt #2 Name & Address:	Date of Receipt	Loan from a Lending Institution
		Interest
		\$
	<u></u>	
Receipt #3	Fund Ralser	Cther (Specify)
Name & Address:	Date of Receipt	Loan from a Lending Institution
		Interest
		Refund \Rebate Click for More leaders
	□	Click for Memo Itemization Type Chief (Specify)
Receipt #4	Fund Raiser Date of Receipt	Statement of the statem
Name & Address:		Loan from a Lending Institution
		interest \$
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Receipt #5 lame & Address:	Date of Receipt	
		Loan from a Lending Institution
		ss
	_	Refund \Rebate Click for Memo Itemization Type
eceipt #6	Fund Raiser	Other (Specify)
lame & Address:	Date of Receipt	Loan from a Lending Institution
		Interest \$
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	
ceipt #7	Date of Receipt	Other (Specify)
rme & Address:		Loan from a Lending Institution
		Interest \$
		Refund \Rebate Click for Memo Itemization Type
-	Fund Raiser	Other (Specify)
		Page Subtotal
		Grand Total of All Schedules 1A -1
		(Complete on last page of Schedule)
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e of		line 4 of Summary Page

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ITEMIZED EXPENDITURES SCHEDULE 1B

1. Committee I. D. Number 138377

CANDIDATE COMMITTEE	2. Committee Name	ν·\
3. Name and address of person or vendor to whom paid	A Purpose (Decide 41-4	Date 6. Amount
Expenditure #1		. Julio O. Amount
Name		
Clark Graphics	10	/12/10 = 914.59
Address		late
21914 Schmeman		
Warren, MI 48089		for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of	
Expenditure #2	debt or obligation reported on previous statement	
Name New Haven Post Office		1-1
· · · · · · · · · · · · · · · · · · ·		18/10 \$ 370.00
Address	Purpose: Bulk Mail Permit	Date
New Haven, MIL 48048-9998		
48048-41198	Click Here for	or Memo Itemization Type
· ·	Check box if this expenditure is payment of	
Fund Raiser	debt or obligation reported on previous statement	
Expenditure #3	- September 1	
Name 0 000		
New Haven Post Office	10	14/10 \$ 479 00
Address	Purpose: Mailing	Date \$
New Haven, MI 48048-9998	Trianing -	
1 (00-10-11-10	Click Here fo	r Memo Itemization Type
_	Check box if this expenditure is navment of	
Fund Raiser	debt or obligation reported on previous statement	
Expenditure #4		
Name		
New Haven Post Office	4/2	3/1n
Address	Purpose: Mailing	3/10 \$ 83.18
New Haven MI 48048-4998	Biposes.	
1 10000 11110	Click Here for	Memo Itemization Type
_ _	Check box if this expenditure is payment of	memo nemizacon Type
Fund Raiser	debt or obligation reported on previous	
xpenditure #5	statement	
· !a===		<u></u>
New Haven Post Office	1.7	•
ddress	Purpose: $Mailing$ Date	110 \$ 120.28
New Haven, MI 46048-9998	Purpose: 1. (A,), AG Date	100,00
76040.4148	Click Here for	Memo Itemization Type
7	Check box if this expenditure is payment of	The state of the s
Fund Raiser	debt or obligation reported on previous statement	
	Subtotal this p	1935.60
	Grand Total of all Schedule	s 1B ('
	(Complete on last page of Sche	dule)
		Enter this total
		on line 8a of
Pane of 4		Summary Page



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number	138377
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OARDINAL COMMITTEE	2. Committee Name CTE Jannie Kincaid
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
Expenditure #1	
Name Roberts Ink Address	Purpose: Web 517e Date \$ 900
59810 Havenridge	
New Haven, MI 48048	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #2	
Name New Haven Post Office Address	Purpose: Mailing Date \$ 280
new Haven, MI 48048-9998	J
पश्चिप - १११८	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #3	
Name	
New Haven Post Office Address	Purpose: Mailing Date \$ 425
new Haven, MI 48048-9998)
(6/8048-3448	Click Here for Memo Itemization Type
Fund Raiser	L_:Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #4	order many
Name Burning Tree Golf & Country Club	9/9/10
Address 22871 Twenty-One Mile Road	Purpose: Fund 130,5er Date \$ 1,435.92
macomb, MI 48044-2019	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
xpenditure #5	
Name	
Lenox Township	8/19/10 = 2/1
63775 Gratiot	Purpose: Labels Date \$ 34.40
Lenox INT 48050	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
	Subtotal this page
	Grand Total of all Schedules 18 (Complete on last page of Schedule)
	

Enter this total on line 8a of Summary Page

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JAH Lion Graphics

Fund Raiser Expenditure #2

Fund Raiser Expenditure #3

Fund Raiser Expenditure #4

Fund Raiser Expenditure #5

Fund Raiser

Name

ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

ITEMIZED EXPENDITURES SCHEDULE 1B	1. Committee I. D. Number 3377	
CANDIDATE COMMITTEE	2. Committee Name CTE Jammi	e Kinceid
3. Name and address of person or vendor to whom paid	4 Purpose (Passive that	Date 6. Amount
Expenditure #1		
Name Target Stores Address	Purpose: Materials	//////////////////////////////////////
23 mile 120		
Chester Field, MI	· · · · · · · · · · · · · · · · · · ·	for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Name		
Scars/K mant	Purpose: Mare rials	/(S/10 \$ 100.00
23 mile Rd		
Chesterfield, MI		or Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous	
expenditure #3	statement	
lame JAH Cion Graphics doress	10	14/10 \$ 463.54
23 SGI Lake pointe Drive	Purpose: Signs	Date 107.37
Clinton Township, MI 48036		r Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
фenditure #4		
Mew Haven Community Schools Idress	10/1 De	1 <u>//0</u> \$ <u> }\$.o</u> o
30375 Clark Street	Purpose: Advectisament	
now Haven, MI 48648	 	Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
penditure #5		
JAH Lion Graphics press	Purpose: Signs Date	<u>2/10</u> \$ 500.00
23561 Lake pointe Orive	3	-
Clinton Tourship, INI 48036	Check box if this expenditure is payment of	Memo Itemization Type
Fund Raiser	debt or obligation reported on previous statement	
	Subtotal this p	age 138854

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

Enter this total on line 8a of Summary Page

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on line 8a of

Summary Page



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 138377

3 Name and address of		mie Kincgid
Name and address of person or vendor to whom paid	4, Purpose (Required Information)	5. Date 6. Amount
Expenditure #1		
Name 7 S C		le he he
Address		10/12/10 \$ 193.1
S7155 Gratiot Ave.	Purpose: Sign Posit	Date
	Click	Here for Memo Itemization Type
new Haven, on I 48048	Check box if this expenditure is payment o	f
Fund Raiser	debt or obligation reported on previous statement	
Expenditure #2		
Name	·	
Staples		10/12/10 \$ 175.29
Address	Purpose: Post Cards	Date
51782 Gratiot Ave.	Clint	Character St. 11 1 1 1
Chester field, MI 48051	i 	Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous	
Expenditure #3	statement	
Name		
Greater New Hope Missionary Church		d helle
Address	Purpose: Advertisement	9/14/10 \$ 200.00
58527 Delance ST	Puipose: 170 Vertise Men 7	Date
New Haven, MI 48048	Click H	lere for Memo Itemization Type
18048	Check box if this expenditure is payment of	•
Fund Raiser	debt or obligation reported on previous statement	
Expenditure #4		
Name .	1	
Duy Design Address		9/2/10 \$ 180.00
	Purpose: POST Cards	Date
Port Huron, MI 48060		
		ere for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous	
xpenditure #5	statement	
lame		
Buy Design		
ddress	Purpose: POST Cards -	9/14/10 \$ 180.00
Port Huron, MI	, sipose. 1031 Cd103	Date
48060	Click He	re for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous	
- verse control	statement	
	Subtotal	this page
	Grand Total of all Sci	trils page 428,42
	(Complete on last page of	Schedule)]]) \ X
		Enter this total

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FUND RAISER	SCHEDULE 1F
CANDIDATE	COMMITTEE

FUND RAISER CANDIDATE	SCHEDULE 1F COMMITTEE	1. Committee I.D. Number	Jammie Kincaid
	- USE A SEPARAT	E SHEET FOR EACH EVEN	
3. Date Event Was Held	Number of Individuals Atte or Participating (whichever is greater)		
Total Contributions		8.00	
Other Receipts		77.92	
Gross Receipts (Add lines	7 and 8)	35.92	
). Total Cost of Event of all Cost includes in Kind	Contributions and All Expend	35.92	
	joint fund raiser and comple		
Co-Sponsor(s)	Contribu (%	tion Split)	Expenditure Split (%)
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Receipts and expendi	tures listed on a Fund Raiser	Raiser Schedule for each fund rais Schedule must also be reported of edule (1-IK), Itemized Expenditure	and the Heavy Land Comment

Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.