MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
10 DEC -2 PM 12:23
CARMELLA SABAUGH
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

CANDIDATE COMMITTEE COVER PAGE

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: Jan 01, 2010 to Oct 17, 2010

1. Committee I.D. Number: 138377

2. Committee Name: CTE Jammie Kincaid

4. Candidate Last Name: Kincaid First Name: Jammie M.I.: L

4a. Office Sought Including District # or Community Served (If applicable): New Haven Village President

4b. County of Residence: Macomb

5. Committee's Mailing Address:
3145S Clark St.
New Haven, MI 48048

Area Code and Phone: (586) 260-3293

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:
Velvet Dilbert
59880 Cynthia Dr.
New Haven, MI 48048

Area Code & Phone: (586) 615-7184

7. Treasurer's Business Address:
59880 Cynthia Dr.
New Haven, MI 48048

Area Code and Phone: (586) 615-7184

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
Anita White
30022 Midfield Dr.
New Haven, MI 48048

Area Code and Phone: (586) 738-2692

9. TYPE OF STATEMENT

9a. [V] Pre-Election OR 9b. [ ] Post-Election

Pre-Election or Post-Election Statement relates to:

[ ] Primary [V] General
[ ] Convention [ ] School
[ ] Special [ ] Caucus

Date of Election, Convention or Caucus: 11/02/10

9c. [V] Annual Statement (2010 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

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 Treasuror or Designated Record keeper: Velvet Dilbert (Type or Print Name) Velvet Dilbert (Signature) Date: 10/20/10

Candidate: Jammie Kincaid (Type or Print Name) (Signature) Date: 10/20/10

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 138377

SUMMARY PAGE
CANDIDATE COMMITTEE

2. Committee Name CTE Jammie Kincaid

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) $	6,770.00	
b. Unitemized (less than $20.01 each - no Schedule)	(3b.) $	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) $		(18.) $ —
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) $		(19.) $ —
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) $	6,770.00	(20.) $ 6,770.00
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) $		(21.) $ —
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) $		(22.) $ —
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) $	7,727.88	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) $		
c. Unitemized (less than $50.01 each - no Schedule)	(8c.) $		
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) $	7,727.88	(23.) $ 7,727.88
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.) $ 957.80
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) $	957.80	
b. Owed to the Committee (Schedule 1E)	(12b.) $		

BALANCE STATEMENT

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) $	6,770
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $	500
15. SUBTOTAL Add lines 13 and 14	(15.) = $	7,270
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $	500
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	(957.80) *

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 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:
Click Here for Memo Itemization
Occupation _____ Employer RIZZO SERVICES
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 09.04.10
Name & Address: GODDARD, MICHAEL, A.
4280 Bald Meadows Lane
OAKLAND TOWNSHIP, MI 48306
$ 50.00 $
5. If over $100.00 cumulative, please provide:
Click Here for Memo Itemization
Occupation _____ Employer Doctor Private Practice
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.
21455 Clark
New Haven, MI 48048
$ 20.00 $
5. If over $100.00 cumulative, please provide:
Click Here for Memo Itemization
Occupation Retired Employer _____
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, WM, F.
58881 Pine St.
New Haven, MI 48048

$ 100.00 $

5. If over $100.00 cumulative, please provide:

Occupation RETIRED Employer

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 09.06.10

Name & Address: Ciboor, EDWARD, J.
1042 Willow Grove Ct.
Rochester, MI 48307

$ 100.00 $

5. If over $100.00 cumulative, please provide:

Occupation Employer ATTORNEY PRIVATE PRACTICE

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 09.09.10

Name & Address: WILSON, GORDON, R.
19297 HICKORY RIDGE ROAD
ROSE TOWNSHIP, MI 48430

$ 50.00 $

5. If over $100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation Employer NEW ENGINEER

Business Address

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 09.09.10

Name & Address: Meagher, Patrick, S.
51278 Caroline Drive
Chesterfield, MI 48047

$ 100.00 $

5. If over $100.00 cumulative, please provide:

Occupation Planner Employer Community Planning

Click Here for Memo Itemization

Business Address 43260 Garfield Clinton Township, MI 48038

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

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.

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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: BRAAK, BRIAN, A.
51694 PROMENADE LANE
NEW BALTIMORE, MI 48047
$ 100.00 $

5. If over $100.00 cumulative, please provide:
Occupation Macomb County 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: DILBERT, ERIC, L.
30074 MARIA 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: IACOBELLI, 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: BRILEY, EDWARD, A.
38157 RADDE
CLINTON TOWNSHIP, MI 48036
$ 50.00 $

5. If over $100.00 cumulative, please provide:
Occupation Macomb County 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 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: Haase, Jennifer, A.
54886 Maplewood Lane
Richmond, MI 48062

$ 100.00 $

5. If over $100.00 cumulative, please provide:

Occupation State Rep. Employer

Business Address

Click Here for Memo Itemization

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 09.09.10

Name & Address Amend Cory Plumb
75 Mary St.
Mt. Clemens, MI 48043

500.00
$ ~~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

Click Here for Memo Itemization

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 09.09.10

Name & Address: Winkle, Walter K.
46950 23 Mile Rd.
Chesterfield, MI 48051

$ 200.00 $

5. If over $100.00 cumulative, please provide:

Occupation Owner Employer Phoenix Contracting

Business Address

Click Here for Memo Itemization

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 09.09.10

Name & Address Baiardi 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

Click Here for Memo Itemization

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

Page Subtotal $ 1,200.00

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 C.T.E. 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 05.18.10
Name & Address:
Anette Higgins
58775 Chenault 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 Chenault 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, Sr.
6321 Gratiot
St. Clair, MI 48079

$ 400.00 $

5. If over $100.00 cumulative, please provide:
Occupation Partner Employer Pamar 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
Amended Joey Zuccaro
6265 Connell
Yale, MI 48097

$ 100.00 $

5. If over $100.00 cumulative, please provide:
Occupation Owner Employer Joey's Barbershop
Business Address 58892 Gratiot Ave. New Haven
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)

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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 4/10/10

amended

Name & Address:

Lawrence M. Scott
P.O. Box 42700
Sterling Hts, MI 48313

$ 200 $

5. If over $100.00 cumulative, please provide:

Occupation Attorney Employer O'Reilly Rancillo

Click Here for Memo Itemization

Business Address 12900 Hall Road Suite 350 Sterling Heights, MI 48313

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 County line
Lenox Twp, MI 48050

$ 50 $

5. If over $100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation Supervisor Employer Lenox Twp

Business Address

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 4/7/10

Name & Address:

Robert [illegible] Peete
58881 Pine St.
New Haven, MI 48048

$ 100 $

5. If over $100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation Retired Employer Ford Motor Co

Business Address

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt March 22, 2010

Name & Address

David E. Bonior
52 Belleview St.
Mt. Clemens, MI

$ 100 $

5. If over $100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation Retired Employer U.S. House

Business Address Washington D.C.

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

Page Subtotal 450

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

Enter this total on line 3a of Summary Page.

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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 March 27, 2010

Name & Address:
Fazal Khan
42379 Schoenherr Rd.
Sterling Hts, MI 48313

$ 300.00 $

5. If over $100.00 cumulative, please provide:
Occupation Engineer Employer Fazal Khan & Associates
Business Address Sterling Hts, MI
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 March 27, 2010

Name & Address
Thomas Browning
3763 Lapeer Rd.
Port Huron, MI 48048

$ 100.00 $

5. If over $100.00 cumulative, please provide:
Occupation Owner Employer Ainsworth Electric
Business Address Port Huron
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 March 27, 2010

Name & Address:
Mike Henry
52855 Mary
Chesterfield, MI 48051

$ 150.00 $

5. If over $100.00 cumulative, please provide:
Occupation Police Chief Employer New Haven
Business Address Village of New Haven
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 March 27, 2010

Name & Address
Joel Ballor
57760 Main St.
New Haven, MI 48048

$ 150.00 $

5. If over $100.00 cumulative, please provide:
Occupation Owner Employer Ballor Towing
Business Address New Haven
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser
Click Here for Memo Itemization

Page Subtotal 700.00

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

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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 March 27, 2010
Name & Address:
Roxanne Canestrelli
P.O. Box 806323
SCS, MI 48080
$ 100 $
5. If over $100.00 cumulative, please provide:
Occupation Attorney Employer Macomb County
Business Address Mt. Clemens, MI
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 March 27, 2010
Name & Address
George Drake
P.O. Box 480481
New Haven, MI 48048
$ 200 $
5. If over $100.00 cumulative, please provide:
Occupation Owner Employer Barr Enterprise
Business Address New Haven
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 March 27, 2010
Name & Address:
Mary Jenks
29520 27 mile Rd.
New Haven, MI 48048
$ 100 $
5. If over $100.00 cumulative, please provide:
Occupation Retired Employer
Business Address New Haven Schools
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 March 27, 2010
Name & Address
William Kincaid
31455 Clark St.
New Haven, MI 48048
$ 200 $
5. If over $100.00 cumulative, please provide:
Occupation Retired Employer Chrysler
Business Address
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser
Click Here for Memo Itemization

Page Subtotal 600

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 March 27, 2010

Name & Address:

Christopher Dilbert Jr.
59880 Cynthia Dr.
New Haven, MI 48048

$ 200 $

5. If over $100.00 cumulative, please provide:

Occupation Machinist Employer Ford Motor Co.

Click Here for Memo Itemization

Business Address Romeo, MI

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt March 27, 2010

Name & Address

Monica Evans
22130 Grandy St.
Clinton Twp, MI 48035

$ 200 $

5. If over $100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation Laborer Employer Ford Motor Co

Business Address Sterling Hts, MI

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt March 27, 2010

Name & Address:

Vanessa Dilbert
30871 Clark St.
New Haven, MI 48048

$ 200 $

5. If over $100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation Laborer Employer Ford Motor Co

Business Address Romeo, MI

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt March 27, 2010

Name & Address

Tedaro France
59237 W. Brockton St.
New Haven, MI 48048

$ 200 $

5. If over $100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation Owner Employer Tyree Construction

Business Address New Haven MI

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

Page Subtotal 800

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:

Jeffrey M. McHugh
150 West Jefferson
Detroit, MI 48226

$ 150.00 $

5. If over $100.00 cumulative, please provide:
Occupation Attorney Employer Miller Canfield
Business Address Detroit, MI
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 10/7/10
Name & Address

Ron Acciavatti
55021 Gratiot Ave
New Haven, MI 48048

$ 500 $

5. If over $100.00 cumulative, please provide:
Occupation Owner Employer Pamar Const
Business Address New Haven
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 March 1, 2010
Name & Address:

Jammie Kincaid
31455 Clark St.
New Haven, MI

$ 500 $

5. If over $100.00 cumulative, please provide:
Occupation Juv Spec Employer St. Clair County
Business Address Pt. Huron, MI
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 March 27, 2010
Name & Address

Anthony V. Marrocco
39655 Maravian Dr. $ 100 $
New Haven, MI 48036

5. If over $100.00 cumulative, please provide:
Occupation Commissioner Employer Macomb County
Business Address Clinton Twp
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Click Here for Memo Itemization

Page Subtotal 1,250.00

Grand Total of All Schedules 1A (Complete on last page of Schedule) 6,770.00

Enter this total on line 3a 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 Jamie Kincaid

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name: Clark Graphics Address: 21914 Schmeman, Warren, MI 48089 ☐ Fund Raiser	Purpose: Literature ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	10/12/10	$ 914.59
Expenditure #2 Name: New Haven Post Office Address: New Haven, MI 48048-9998 ☐ Fund Raiser	Purpose: Bulk Mail Permit ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	9/8/10	$ 370.00
Expenditure #3 Name: New Haven Post Office Address: New Haven, MI 48048-9998 ☐ Fund Raiser	Purpose: Mailing ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	10/4/10	$ 439.55
Expenditure #4 Name: New Haven Post Office Address: New Haven, MI 48048-9998 ☐ Fund Raiser	Purpose: Mailing ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	9/23/10	$ 82.18
Expenditure #5 Name: New Haven Post Office Address: New Haven, MI 48048-9998 ☐ Fund Raiser	Purpose: Mailing ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	10/1/10	$ 129.28

Subtotal this page 1935.60

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

Enter this total on line 8a of Summary Page

5

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: Roberts Ink Address: 59810 Havenridge, New Haven, MI 48048 ☐ Fund Raiser	Purpose: Website ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/14/10	$ 900
Expenditure #2 Name: New Haven Post Office Address: New Haven, MI 48048-9998 ☐ Fund Raiser	Purpose: Mailing Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	9/16/10	$ 280
Expenditure #3 Name: New Haven Post Office Address: New Haven, MI 48048-9998 ☐ Fund Raiser	Purpose: Mailing Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/5/10	$ 425
Expenditure #4 Name: Burning Tree Golf & Country Club Address: 22871 Twenty-One Mile Road, Macomb, MI 48044-3019 ☑ Fund Raiser	Purpose: Fund Raiser Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	9/9/10	$ 1,435.92
Expenditure #5 Name: Lenox Township Address: 63775 Gratiot, Lenox, MI 48050 ☐ Fund Raiser	Purpose: Labels Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	8/19/10	$ 34.40

Subtotal this page 3,075.32

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: Target Stores Address: 23 mile Rd Chesterfield, MI ☐ Fund Raiser	Purpose: Materials ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	9/16/10	$ 100.00
Expenditure #2 Name: Sears / Kmart Address: 23 mile Rd Chesterfield, MI ☐ Fund Raiser	Purpose: Materials ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	9/15/10	$ 100.00
Expenditure #3 Name: JAH Lion Graphics Address: 23561 Lake pointe Drive Clinton Township, MI 48036 ☐ Fund Raiser	Purpose: Signs ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	10/4/10	$ 467.54
Expenditure #4 Name: New Haven Community Schools Address: 30375 Clark Street New Haven, MI 48048 ☐ Fund Raiser	Purpose: Advertisement ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	10/1/10	$ 125.00
Expenditure #5 Name: JAH Lion Graphics Address: 23561 Lake pointe Drive Clinton Township, MI 48036 ☐ Fund Raiser	Purpose: Signs ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	8/30/10	$ 500.00

Subtotal this page 1,288.54

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 TSC Address 57155 Gratiot Ave. New Haven, MI 48048 ☐ Fund Raiser	Purpose: Sign Post ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/12/10	$ 193.13
Expenditure #2 Name Staples Address 51382 Gratiot Ave. Chesterfield, MI 48051 ☐ Fund Raiser	Purpose: Post Cards ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/12/10	$ 175.29
Expenditure #3 Name Greater New Hope Missionary Church Address 58527 Delaire ST New Haven, MI 48048 ☐ Fund Raiser	Purpose: Advertisement ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	9/14/10	$ 200.00
Expenditure #4 Name Buy Design Address Port Huron, MI 48060 ☐ Fund Raiser	Purpose: Post Cards ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	9/2/10	$ 180.00
Expenditure #5 Name Buy Design Address Port Huron, MI 48060 ☐ Fund Raiser	Purpose: Post Cards ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	9/24/10	$ 180.00

Subtotal this page 928.42

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 (Amend) Name: Cory Plumb Address: 75 many St Mt. Clemens, MI 48043 ☐ Fund Raiser	Purpose: Refund ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement. Click Here for Memo Itemization Type	11/13/10	$ 500
Expenditure #2 Name: Address: ☐ Fund Raiser	Purpose: ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement. Click Here for Memo Itemization Type		$
Expenditure #3 Name: Address: ☐ Fund Raiser	Purpose: ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement. Click Here for Memo Itemization Type		$
Expenditure #4 Name: Address: ☐ Fund Raiser	Purpose: ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement. Click Here for Memo Itemization Type		$
Expenditure #5 Name: Address: ☐ Fund Raiser	Purpose: ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement. Click Here for Memo Itemization Type		$

Subtotal this page: 500

Grand Total of all Schedules 1B (Complete on last page of Schedule): 7,127.88

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 138227

2. Committee Name CTE Jamie Kincaid

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (if any) of the place where the activity was held.
09/09/10	40	Dinner Buffet	Burning Tree Golf Club 22877 21 mile rd. Macomb, MI 48044 ☐ Private Residence

7. Total Contributions 1,158.00

8. Other Receipts 277.92

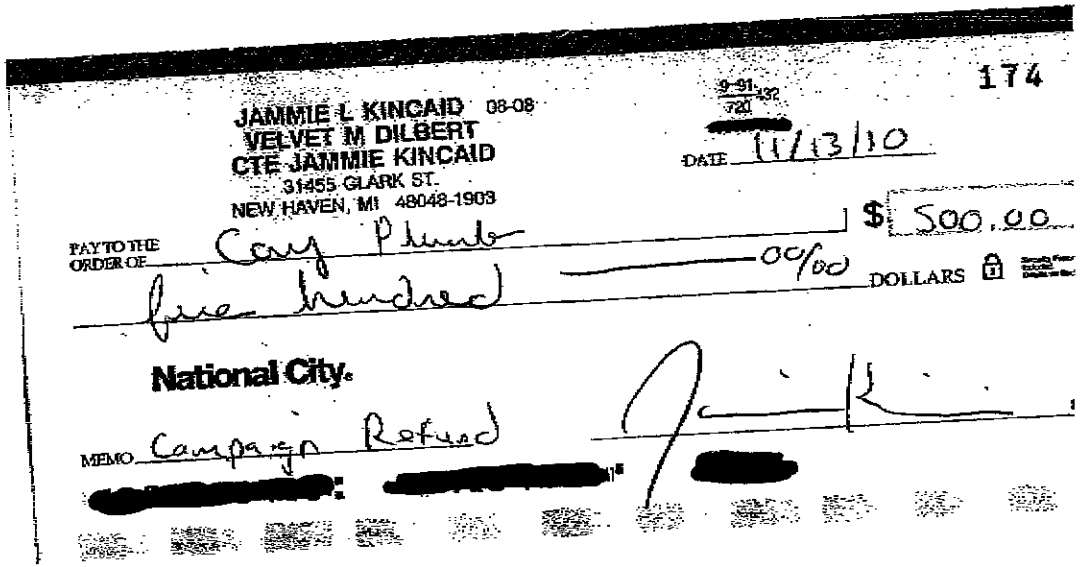
9. Gross Receipts (Add lines 7 and 8) 1,435.92

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-IK), 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.



JAMMIE L KINCAID 08-08
VELVET M DILBERT
CTE JAMMIE KINCAID
31455 CLARK ST.
NEW HAVEN, MI 48048-1903

9-91/721 32

174

DATE 11/13/10

PAY TO THE ORDER OF Carl Plumb $ 500.00

five hundred 00/00 DOLLARS

National City

MEMO Campaign Refund

[redacted]

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS
www.Michigan.gov/sos

FILED
10 DEC -2 PM 12:57
CARMELLA SABAUGH
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

LATE CONTRIBUTION REPORT

1. Your Committee ID#: 138377

2. Your Committee Name: C.J.E. Jammie Kincaid

3. Date Late Contribution(s) Received: 11/15/10
(Only one Date per Sheet)

- Late Contribution Reports are required when a committee receives a single contribution of $200.00 or more between the 15th day and the 3rd day before an election that the committee participates in. See Appendix G of any Campaign Finance Manual.
- Contributions are anything of monetary value including contributions of money, in-kind and loans to the committee.
- Late Contribution Reports are not waived by the Reporting Waiver.
- Late Contribution Reports that are filed late result in the committee receiving a late filing fee. The maximum fee is $2,000.00 per report.
- File the report by any written means (including fax) within 48 hour of receipt of the contribution with your Filing Official.
- The Late Contribution must also be reported on the next Campaign Statement owed by the committee.

4. Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial and if the contributor is an individual, the Occupation, Employer and Business address of the contributor.	5. Amount
Contributor Name and Address: Daniel Acciavatti 58021 Gratiot Ave New Haven, MI 48048 (If Individual, also provide:) Occupation Owner Employer / Business Address Pamar Contractors New Haven, MI	500.
Contributor Name and Address: (If Individual, also provide:) Occupation _____ Employer / Business Address _____	
Contributor Name and Address: (If Individual, also provide:) Occupation _____ Employer / Business Address _____	
Contributor Name and Address: (If Individual, also provide:) Occupation _____ Employer / Business Address _____	

File this report with your filing official by any written means including fax.

Authority Granted under PA 388 of 1976