

CANDIDATE COMMITTEE

F2015-0768
9/2/15 2:09 PM Page 1 of 1
CAMP \$0.00
Barb Byrum, Ingham County Clerk

SEP 02 2215

FOR OFFICIAL USE ONLY

COVER PAGE		OEI 0 72 22 10	1 OIT OF TOE	AL OOL ONE!
Report must be legible, typed or printed in ink an the treasurer (or designated record keeper) and	d signed by I	ng hamietoun pyce er	T120/2015 to _	8124/2015
1. Committee I.D. Number		4. Candidate Last Name	First Name	WT. 0122
46536		Hussain	$\lambda \lambda \alpha$.	Λ <u>1</u> 1
		, , , ,	istrict # or Community Served (If	applicable)
2. Committee Name	. ~ .	Lousing City	Council 3rd	Land L
Adeen Hussain for 3rd	Krew	th County of David	7 ' -	
5. Committee's Mailing Address		4b. County of Residence	Ingham	
-		6. Treasurer's Name & Resid		
3814 Colvin Dr.		1	255ain	
Leusing, Mi. 48911		384 Calv. ~ Os.		
		lais, ra. Mi	. 48911	
Area Code and Phone 517-528-2	<u>815</u>	(/, "		
If the address in this box is different from the commailing address on the Statement of Organization,	nittee mail may		- 6-00-2210	
be sent to this address by the filling official.		Area Code & Phone		
7. Treasurer's Business Address		8. Designated Record keeper Designated Record keeper)	r's Name and Mailing Address (If	the committee has a
		. ,		
Area Code and Dhane				
9. TYPE OF STATEMENT		Area Code and Phone		
		LY if candidate		
9a. Pre-Election OR 9b. Post-Election	is not on the current year:		Iby the committee to the candid	e certify any outstanding debt late or his or her spouse is here
Pre-Election or Post-Election Statement relates to:			by discharged and forgiven, an the committee. The committee	id na langer collectible from 🔠
Primary	July Quarte	eny	owes no lates fees or has any o	oustanding debt.
General	October Q	uarteriy	Foodbar (64) a drawn Library	.,
Convention	l		Further, if the dissolution canno considered a request for the Re	of be granted, that this be porting Waiver.
Special .	9c	-		
School	Annual	Statement () Coverage Year	Effective date of diss	olution
	Amen	Iment to Campaign Statement		
Caucus	(Comp	lete Item 9a, 9b, 9c or 9e to	Note: The disposition of residue	
	amend	e which Statement is being ed.)	Note: The disposition of residual Schedule 1B and the Summary	Page.
Date of Election, Convention or Caucus				
8111/201				
_ 0/ 9/ 20(5		•		
	l			ł
0. Verification: I/We certify that all reasonable dilige	nce was used in	n the preparation of this stateme	ent and attached schedules (if ar	ny) and to the best of
y our knowledge and belief the contents are title, accurate and complete.				
eurrent Treasurer or Designated Record keeper	ssai 1		а 1 <i>0</i> 14 ж. А	8/29/2015
Type or Print Name		Signature	Date _	~10x1 xO/2
Candidate Adam Type of Print Normal	<u> </u>	1	Date	8/29/7015
Type or Print Name		Signature		I

ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

1. Committee I.D. Number

CANDIDATE COMMITTEE 2. Committee Name Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address: Beckett Jones Portage, Mi. 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation Employer_ Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address boothy Allen 3860 Didmond \$<u>70.00</u> \$ 20.00 arsing le 48911 5. If over \$100.89 cumulative, please provide: Click Here for Memo Itemization Occupation _ Employer_ Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address: Roxeanne Estell 2318 S. Wadsworth Lousing, W. 48911 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Occupation Employer_ Business Address _ Type of Contribution: Direct Loan from a person **Fund Raiser** 3. Contribution # 4 PAC Receipt? 4. Date of Receipt Name & Address Plumbers Local 333 5405 S. Martin littles King Jr. Langing, eli, 48911 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation_ Employer _ Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal

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

Enter this total on line 3a of Summary

Рада

ITEMIZED EXPENDITURES

SCHEDULE 1B	1. Committee I. D. Number	-	<u> </u>
CANDIDATE COMMITTEE	2. Committee Name Adam Hossa	in for	3 od ala
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Keystone M:11brook Address 3540 Sefferson Hour. 6 rand ledge 488370. [Fund Raiser	Purpose: Click Check box if this expenditure is payment of debt or obligation reported on previous statement	Here for Memo I	\$ <u>\$38.5</u> 2 temization Type
Expenditure #2	Statement		
Name Keystone Millwood Address 3540 Jesterson Huy. Grand Ledge, M: 48837	Purpose: Privation Click F	Date Date Here for Memo It	
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name Meijer Inddress 6200 Pennsylvania Aue. Leusina Mi. 48911	Purpose: Comuna Picnic Click H Check box if this expenditure is payment of debt or obligation reported on previous statement	712745 Date	\$ 18.23 emization Type
Expenditure #4 lame keystone Millbrook address 3540 Jesterson Harry. Grand Ledge, Mi. 48837 0.	Check box if this expenditure is payment of	11304\S Date	\$ 604_18 mization Type
Fund Raiser	debt or obligation reported on previous statement		ľ
ddress 3540 Jesferson Hung. (orand Ledge, M: 4883) Fund Raiser	Purpose: Trinting	S/15/15 Date ere for Memo Iter	\$ <u></u> । प्
	Subtota	of this page	060,80
	Grand Total of all So (Complete on last page of		

1 of 2

ITEMIZED EXPENDITURES

SCHEDULE 1B	1. Committee I. D. Number 46536
CANDIDATE COMMITTEE	2. Committee Name Adam Hassan for 3rd Wood
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
Expenditure #1	
Name keystone Millbrook Address 3540 Jefferson Hung. Grand Ladge, M. 48837	8115/15 \$ 754 50
Address 3540 Jefferson Hum.	Purpose: Postage Date
Grand Ladge, M: 48637 0	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	\$
Address	Purpose: Date
	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.	
Address	Purpose: \$
	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure.#4	statement
Name	
Address	Purpose:\$
	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	
Address	Purpose: \$
	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 158.50

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

3893 Enter this total on line 8a of Summary Page



DEBTS AND OBLIGATIONS SCHEDULE 1E

CANDIDATE COMMITTEE

This Schedule itemizes:				
a Debts and obligations owed by or forgiven the com	nmittee OR b. Debl	is and obligations owed <u>to</u> c	r forgiven <u>by</u> the co	mmittee.
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: LOQ.\(\) 5. Date Debt Was Incurred:	\$		
3814 Calvin Os. Lausing, Hi, 48911	3 20 705 6. Original Amount of Debt: \$ 244.00	\$	s <u>O</u>	\$244.CC
If bank loan, name of endorser or guarantor:		\$Amo	ount Endorsed: \$	
Debt #2 Owed to or by: Adam Hossain 3814 Calvin OS, Lasing Mi. 48911 If bank loan, name of endorser or guarantor:	4. Type: LOAD 5. Date Debt Was Incurred: 31241205 6. Original Amount of Debt: \$ \$00.000	\$ \$ \$ \$	\$ount Endorsed: \$	\$ <u>\$00</u> . <u>C</u>
Debt#3 Corp? Yes Owed to or by: Adam Hossain 3814 Calun DI. Lansing Mi. 48911 If bank loan, name of endorser or guarantor:	4. Type://DAD 5. Date Debt Was Incurred: 1/4/205 6. Original Amount of Debt: \$	\$ \$ \$ \$	\$ount Endorsed: \$_	\$_OOO
(Co	mplete on last page of Schedule sh	Crowd Tatal a	Outstanding debt) f all Schedules 1E to the committee)	1,744.00 1,784.00

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by"" or line 12b "owed to" of the Summary Page

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SUMMARY PAGE CANDIDATE COMMITTEE

CANDIDATE COMMITTEE	2. Committee Name Adam Hiss	sain for Sid Word
RECEIPTS	Column I	Column II
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 1,640.00	1
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(30.) \$ 1,640.00	(18.)\$ 7,554.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 1,640.00	(20.)\$ 7 554.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$ 700.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$O
EXPENDITURES		(, +
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 3,819,30	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Uniternized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 3 819.30	(23)\$_ 5,833.26
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)	u –	3,000,000
Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$	
b. Unitemized (less than \$50.01 each - no Schedule)		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.) \$	<i>G</i> -
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.)\$ 1,788.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15) 	(13.) \$ 3 900. 04 (14.) + \$ 1,640.00 (15.) = \$ 5,840.04 (16.) - \$ 3,819.30 (17.) \$ 1,720.74	,