MICHIGAN' BURE;

F2015-0910
10/23/15 3.31 PM Page 1 of 1
CAMP \$0.00
Barb Byrum, Ingham County Clerk

OCT 23 2015

CAND				CIAL USE UNLY
COVERPAGE			INGH	IAM COUNTY CLERK
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	signed by ndidate.	3. This Statement covers From:	8/25/2015 to	10/18/2015
1. Committee I.D. Number		4. Candidate Last Name	First Name	M.I.
46536		4a. Office Sought Including Dist	nict # or Community Served	(If applicable)
2. Committee Name		Lars. nor Cit	& Carcil.	L. L. 125
Adau Hossan f	r Sig	4b. County of Residence	2 and	0.50 CM14
5. Committee's Mailing Address	29KW	6. Treasurer's Name & Resider		
3814 Calvin Dr.		Adam H	ussalix	
Lusing, Wi. 4894		3814 Cal	$\mathcal{S}_{i} \wedge \mathcal{O}_{i}$	
Area Code and Phone 517-528-23	218	larsing, e	1, 48911	
If the address in this box is different from the commit mailing address on the Statement of Organization, n be sent to this address by the filing official.		Area Code & Phone	17-528-27	218
7. Treasurer's Business Address		Designated Record keeper's Designated Record keeper)	S Name and Mailing Addres	s (If the committee has a
	-		į.	
				"
			/	
Area Code and Phone		Area Code and Phone		
9. TYPE OF STATEMENT			9e. Dissolution of Candi	date Committee
9a. Pre-Election OR 9b. Post-Election		NLY if candidate ballot for the	By checking this item	I/We certify any outstanding debt
	current year	:	by discharged and forgiver	ndidate or his or her spouse is here n, and no longer collectible from
Pre-Election or Post-Election Statement relates to:	July Quar	terly	the committee. The commowes no lates fees or has a	nittee has no oustanding assets,
Primary			OWCS NO IBLES ICCS OF MASS	my outlanding door
General	October C	Quarterly	Further, if the dissolution c	annot be granted, that this be
Convention			considered a request for th	e Reporting vvalver.
── □Special	9c	al Statement ()		
 □School		Coverage Year	Effective date of	dissolution .
Caucus		ndment to Campaign Statement		
		plete Item 9a, 9b, 9c or 9e to ate which Statement is being		esidual funds must be reported on
	amen	ded.)	Schedule 1B and the Sum	mary Page.
Date of Election, Convention or Caucus				
N-2-15				
				•
10. Verification: I\We certify that all reasonable dilige my\our knowledge and belief the contents are true,	ence was used	I in the preparation of this statement	ent and attached schedules	i (if any) and to the best of
Current Treasurer or Designated Record keeper	s a.∧	1	.c Date	10122115
Type or Print Name		Signature		
1	- 6 8 4		,	
Candidate	2 27000	Signature	Date	·

1. Committee I.D. Number __

Y	65	30	9
-			

SUM	IMARY	PAGE
CANDIDA'	TE CO	VMITTEE

	1. Committee I.D. Number	
SUMMARY PAGE CANDIDATE COMMITTEE	2. Committee Name Ado eu Hos	sain to 3rd Wad
RECEIPTS	Column !	Column II
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>7460.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$NOT APPLICABLE	10
c. Subtotal of "Contributions"	(3c.) \$_7460.0 <u>0</u>	(18.) \$ 15,014.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>572.04</u>	(19.) \$ 52.09
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>7512.04</u>	(20.) \$ 15,066.04
IN-KIND CONTRIBUTIONS & EXPENDITURES	- 1 · -	
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>241,30</u> _	(21.)\$ 441.30
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures	501110	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>3961,49</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	a and an
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) s <u>3961.49</u>	(23.)\$ 9794.75
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)	(108.)\$	
<u> </u>	(11.) \$	(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.)\$ <u>2288.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.)\$	
	BALANCE STATEMENT	
Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ 1720.74	
14. Amount received during reporting period	(14.)+\$ <u>7460.00</u>	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$ 9.80.74	
 Amount expended during reporting period (Add lines 9 and 11) 	(16.)-\$ 3961.49	
17. ENDING BALANCE (Subtract line 16 from line 15)	5010 75	
(Coodact line to noth line to)	(17.) \$ <u>3 0 1 9 - 2 3 *</u>	

1. Committee I.D. Number 16536

CANDIDATE COMMITTEE	2. Committee Name	tolan Hossan tor Solub
Enter contributor's name and address. If contribution is from a middle initial. Check box to indicate if contribution is from a Po Committee (PAC) Report all contributions regardless of amount	litical Committee or an Independent	6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Name & Address:	Date of Receipt 8127/15	
3920 Calvin Ct. Lausing, L	li. 48911	\$100,00 \$ 500,00
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization
Business Address Employer		
Type of Contribution: Direct Loan from a pe	rson Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. D Name & Address Source Williams	ate of Receipt 9/15/15	
2312 Beinard Lousing, Mi. 48911		\$500,000 \$500,000
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization
Occupation Contest Ust. Employer		-
Business Address 1475 Landon Bl. M.	Eastlans of M. 4882	5
Type of Contribution: Loan from a per- 3. Contribution # 3 PAC Receipt? YES 4. D		
3. Contribution #3 PAC Receipt? YES 4. E Name & Address; IBFW Local 352 3315 S. Pennsylvania Languag Li. 48910	late of Receipt QVIS/15	\$1,500 \$1,500
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a per	son Fund Raiser	
3. Contribution #4 PAC Receipt? YES 4. I	Date of Receipt 17/1/15	-
Name & Address Plumbers Local 333 Short S. Marin Lithor lein Lansing, Mr. 48911 5. If over \$100.00 cumulative, please provide:	51.	\$1,500 <u>\$3,000</u>
Occupation Employer		Click Here for Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a per	son Fund Raiser	
	Page Subtota	183,600
	Grand Total of All Schedules 1A (Complete on last page of Schedule)
Page of 8		Enter this total on line 3a of Summary Page.

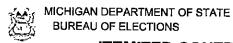
1. Committee I.D. Number 46536

line 3a of Summary

	dan Hos	sain to John
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 10/1/15 Name & Address: Polsey + Son 6327 Haga Rd.		
Lausing, Wi. Usall	\$ 700.00	\$ 500,00
5. If over \$100.00 cumulative, please provide:	OB-t-H	
Occupation Wotred Employer	Click Here to	r Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6/1/15		
9377 Rayna Dr. Navison, Us. 48463	\$ <u>100, 00</u>	<u>100,0s</u>
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Vertued Employer		
Business Address		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/11/5 Name & Address: 1	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt \\ \(\subseteq \) YS 4. Date of Receipt \\ \(\subseteq \subseteq \) YS		
1817 Jarone S., Lawyy, II: U8912	\$ 150.00	\$ (50,00
5. If over \$100.00 cumulative, please provide: Occupation Teaches Employer Lasing Schools	Click Here for	Memo Itemization
Business Address 519 10 10 10 10 10 10 10 10 10 10 10 10 10	933 —	
Page Subtotal	550.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
(Complete on last page of Scriedule)	Enter this total on	

1. Committee I.D. Number 46536

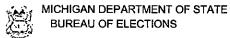
Enter contribution's name and address. It contribution is from an invidual, enter lest mane, first name, middle initial. Check bot to indicate for contribution are particularly interested and interested in the process of the contribution regardless of amount. Committee (PAC) Report all contributions regardless of amount.	CANDIDATE COMMITTEE	2. Committee Name	dan Hiss	ein to Sed We
Name & Address: Click Here for Memo Itemization Society Click Here for Memo Itemization Click Here f	middle initial. Check box to indicate if contribution is from a Political Comm	enter last name, first name, ittee or an Independent	6. Amount	Election Cycle for Each Contributor (Through
S. If over \$100.00 circulative, please provide: Cilick Here for Memo Itemization Cocupation Employer Business Address Type of Contribution: Cilick Here for Memo Itemization Fund Raiser Cilick Here for Memo Itemization Fund Raiser Cilick Here for Memo Itemization Cili	Name & Address:	16/1/15	\$ 50.00	\$ 50.00
Direct Loan from a person Fund Raiser	5. If over \$100.00 cumulative, please provide:			
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt V V V Factor V PLESCOPT V V V V V V V Factor V PLESCOPT V V V V V V V Factor V PLESCOPT V V V V V V V Factor V V V V V V V V V Factor V V V V V V V V V Factor V V V V V V V V V Factor V V V V V V V V V Factor V V V V V V V V Factor V V V V	Occupation Employer		Click Here to	r Memo Itemization
3. Contribution #2 Name & Address PRESCRIPT VES 4. Date of Receipt VIIS Name & Address Prescript VIIS Name & Address Substance VIII VIIS Substance VIII VIII VIII VIII VIII VIII VIII VI	Business Address			
Name & Address Part	Type of Contribution: Direct Loan from a person	Fund Raiser		
Click Here for Memo Itemization Click Here for Memo Itemization Cocupation Employer Fund Raiser S. Contribution #3 PAC Receipt? YES 4. Date of Receipt D/9/15 Pervisor Yes Value of Receipt Yes Value of Receipt Yes Yes Yes Value of Receipt Yes Value of Receipt Yes Value of Receipt Yes	Name & Address	101115		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	1197 Prescott Ve	<u>.</u>	\$ <u>50.0</u>	\$ 50,00
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	5. If over \$100.00 cumulative please provide:		Click Here for	Memo Itemization
Type of Contribution: Direct	<u> </u>			
3. Contribution #3 Name & Address: Address	Business Address			
Name & Address: May Fevrol St.	Type of Contribution: Direct Loan from a person	Fund Raiser		
Business Address Type of Contribution: Direct	Name & Address: Mary Ann Prince ZILLE Ferrol St. Lausing M. Userco	ipt 10/9/15	<u> </u>	\$ <u>SÒ,</u> coo
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/9/2015 Name & Address	Occupation Employer			
3. Contribution # 4 Name & Address Lina Lister Memo & Address Lina Lister Memo Itemization Social Liver 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				
Name & Address Lina Lisaut SO3 W 61 and Liver Lue Lusina Mi 48066 5. If over \$100.00 cumulative, please provide: 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		Fund Raiser		
Occupation Employer Click Here for Memo Itemization Business Address Type of Contribution: Direct	Name & Address Lina Lisper 503 w. Gold Liver Lue. Lawing Mi. 48006	ipt 10/9/2015	s_50,00	\$ 50,00
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		•	Click Here for	Memo Itemization
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	Occupation Employer			
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on line 3a of Summary	Business Address	<u></u> ,		
Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on line 3a of Summary	Type of Contribution: Direct Loan from a person	Fund Raiser		
		and Total of All Schedules 1A	line 3a of Summary	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number	36	U		٨
2. Committee Name	Hissain	-for	Sid	Wat

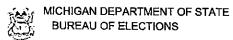
2. Schmittee Name 2/2	WIX (OBS-	WOL BY DIE VOOL
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions 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 10/9/5 Name & Address: Lattice Toke 4. Date of Receipt 10/9/5 5. If over \$100.00 sumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	\$ SO. CO Click Here fo	s 70 con or Memo Itemization
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt		
Name & Address		
Andrew Breyer		
3121 we've st.	\$ <u>\S.00</u>	<u>s 15,00</u>
5. If over \$100.00 cumulative, please provide:	Click Horo fo	r Memo Itemization
Occupation Employer	Click Here to	r Memo Remization
Business Address		
Type of Contribution: Loan from a person Fund Raiser		
3 Contribution #3 PAC Receipt? VES 4 Pete of Peceipt		
Name & Address:		
Glenn Freeman III. For E.C.C.	s ST no	(T) - 0
435 5. Stoll Kd.	\$ <u>\$0,60</u>	\$ <u>20,00</u>
Lausing, WI, US917 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 Y Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt \ \Q\lambda \lambda \l		-
Kather Sinicropi 3433 les. Herbison Rd. Devitt W. 48620 5. If over \$100.00 cumulative, please provide:	s 50.00	*100-00
Occupation Employer	Click Here for	Memo Itemization
,		
Type of Contribution: Direct Loan from a person V Fund Raiser		
	11 - 00	
Page Subtotal	165.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
4 9	Enter this total on line 3a of Summary	
Page of	Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

Committee I.D. Number	465	36	1	
1. Committee i.b. Humber			<u> </u>	<u> </u>
<i>\</i> \ \	1		for 320 U	\ 1
		12550. N -	かしくがけ	1 - 14
2. Committee Name	$\alpha u \sim$		\mathcal{N}	JOU
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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 VQ 205	-	_
Jacqueline Garrey 126 E. Monroe St. Villa Park, III 60181 5. If over \$100.00 cumulative, please provide:	\$ (00.00	\$ 200.00
Occupation Retived Employer	Click Here fo	or Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/0/2015		
Ronald John Kniffen Js. 6129 Buckden Way Apt. 8 East laws, 20 11, 48823 5. If over \$100.00 cumulative, please provide:	\$ \\ \CO, \co	\$_140,000_r Memo Itemization
Occupation Manherance Employer Michigan State Muse	Dos fr	
Business Address 408 Alas Vd. Fast Law, nog Mi. 4	8822	
Type of Contribution: Direct Loan from a person Fund Raiser		_
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/9/2015 Name & Address: Address: 625 Receipt? YES 4. Date of Receipt 10/9/2015 625 Receipt? YES 4. Date of Receipt 5. If over \$100.80 cumulative, please provide:	\$ <u>\</u> \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\$ \\ \corr \
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 RAC Receipt? YES 4. Date of Receipt 10/9/2019	3	
Lyle Hopkins 401 Tyscapy Lu. 5. If over \$100.00 cumulative, please provide:	\$ 50,000	\$ Memo Itemization
Occupation Employer		momo nomedao.
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) Page 5 of 7	Enter this total on line 3a of Summary Page.	-



CANDIDATE COMMITTEE

11: -01	ť	
1. Committee I.D. Number	^	η.
1 1 2 1	1 < 1	TT = 0
2. Committee Name Adam HUSSain	tou Did	Wab

		•
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 10/9/15 Name & Address: Also Sc. lais Lasi Sc. Lais 5. If over \$100.00 aumulative, please provide: Occupation Employer	\$ <u>20.00</u> Click Here fo	\$ 20.00 or Memo Itemization
Business Address \		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/11/2015 Name & Address Brian McConnell 3521 Kana 4. Lasing Mi, Y891 5. If over \$100.00 cumulative, please provide:	\$ 70 00 Click Here fo	\$ 40.00
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: Sol W. Swidow Sol W. Swidow 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	\$ 50.00 Click Here for	\$ 75_00 Memo Itemization
3. Contribution # 4 Name & Address Carol 3. Contribution # 4 Name & Address Carol 3. Contribution # 4 Name & Address Carol Carol	s 20,000 Click Here for	\$ SO - OO Memo Itemization
Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	11000	·'
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary Page.	

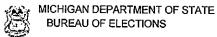
1. Committee I.D. Number 46536

GOTTED OF THE		· (0 - 5 0	
	mittee Name	dou His	sain to Soll
Enter contributor's name and address. If contribution is from an individual, enter last n middle initial. Check box to indicate if contribution is from a Political Committee or an Committee (PAC) Report <u>all</u> contributions regardless of amount.	name, first name, Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt (2/11/15		
Melissa Jellijes 3708 S. Fox Vointe St.			
3708 S. Fox Vointe St.		1.0.00	[10
Larsing Mi, 48911		s <u>40.00</u>	\$ 40,00
5. If over \$100.00 cumulative, please provide:		Click Here for	r Memo Itemization
Occupation Employer			
Business Address Type of Contribution: Direct Loan from a person Fund Ra	aiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address	11/15	_	
Marrison Marshall 3921 Calvin Ct.		\$ 70.00	\$ 270 CT
Causing, Mi. 48911			- \(\)
5. If over \$100.00 cumulative, please provide:	17. "	Click Here for	Memo Itemization
Occupation - Worker Employer Michagon State	e hieusit	$^{\mathcal{A}}$	
Business Address 361 Delta Ct. Km. 190 F.	ast Lais.n	984. H88	25
Type of Contribution:	aiser	<u> </u>	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address:	4312019	5 ·	
Edward Zeineln			_
2627 Little Hickory Dr.		\$ <u>CSO.OC</u>	\$ 50,00
Landina Mi Usqil O 5. If over \$100.00 compilative, please provide:		Click Here for	Memo Itemization
Occupation Lawy Employer law Othice of E	during To	Λ.	
Business Address 1709 E. Waracu Are. Laus 20	1. U. U891-	.v. ⊃	
Type of Contribution: Direct Loan from a person Fund R	///- /- //	<u>_</u>	
B. Contribution # 4 PAC Receipt? YES 4. Date of Receipt \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	43/2015		
Card Wood			
1018 W. Lapeer S.		\$ 150.00	s 150,00
Larsing Mil 44915 If over \$100.00 cumulative, please provide:			<u> </u>
	ars' na	Click Here for I	Memo Itemization
Business Address 124 W. Michigan La	Lougha	Mi ygo	(33
Type of Contribution: Direct Loan from a person Fund Rai		7	- 🔾
	Page Subtotal	5000	-

Page 7 of \$

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

Enter this total on line 3a of Summary Page.



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

3. Contribution # 1

Name & Address:

Occupation

Business Address Type of Contribution:

3. Contribution #2

Name & Address

ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

CANDIDATE COMMITTEE

YES

|X|YES

Employer Way M

Loan from a person

Committee (PAC) Report all contributions regardless of amount.

PAC Receipt?

PAC Receipt?

1. Committee I.D. Number

2. Committee Name A 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 Contributor (Through date of receipt) 4. Date of Receipt \$ 500,00 Click Here for Memo Itemization Fund Raiser 4. Date of Receipt Click Here for Memo Itemization

ar in over 4 recite callication, produ	oo provida.	Olick Here for Memo itemization
Occupation	Employer	_
Business Address		
Type of Contribution: Direct	Loan from a person Fund Raiser	
3. Contribution # 3 PAC Rec Name & Address:	eipt? YES 4. Date of Receipt	
		\$
5. If over \$100.00 cumulative, plea	se provide:	Click Here for Memo Itemization
Occupation	Employer	
Business Address		
Type of Contribution: Direct	Loan from a person Fund Raiser	
3. Contribution # 4 PAC Rec Name & Address	ceipt? YES 4. Date of Receipt	
		\$
5. If over \$100.00 cumulative, plea	se provide:	Click Here for Memo Itemization
Occupation	Employer	and the second s
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) 2000.00

Enter this total on line 3a of Summary Page.



3. Name & Address From Whom Received

Receipt #1

Receipt #2

Receipt #3

Name & Address:

Receipt #4 Name & Address:

Receipt #5 Name & Address:

Receipt #6 Name & Address:

Receipt #7

Name & Address:

Name & Address:

Name & Address:

ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1

CANDIDATE COMMITTE

Date of Receipt

E 1A-1	
	1. Committee I.D. Number 46536
COMMITTEE	2. Committee Name Ado 11 Hassa a tas Sid Wo
4. Date of Receipt	5. Type of Receipt 6. Amount
Date of Receipt 10/11/19	Loan from a Lending Institution
	Interest \$ SQ OY
Duy.	Refund \Rebate Click for Memo Itemization Type
Fund Raiser	Other (Specify)
Date of Receipt	Loan from a Lending Institution
	Interest \$
	Refund \Rebate Click for Memo Itemization Type
Fund Raiser	Other (Specify)
ate of Receipt	Loan from a Lending Institution
	Refund \Rebate Click for Memo Itemization Type
Fund Raiser	Other (Specify)
te of Receipt	
	Loan from a Lending Institution
	Interest \$
	Refund \Rebate Click for Memo Itemization Type
Fund Raiser	Other (Specify)
e of Receipt	Loan from a Lending Institution
	Interest \$
	Refund \Rebate Click for Memo Itemization Type
Fund Raiser	Other (Specify)
of Receipt	Loan from a Lending Institution
	Refund \Rebate Click for Memo Itemization Type
Fund Raiser	Other (Specify)
of Receipt	Loan from a Lending Institution
	\$
	Refund \Rebate Click for Memo Itemization Type
Fund Raiser	Other (Specify)

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

Page Subtotal

Enter this total on line 4 of Summary Page

ITEMIZED IN-KIND CONTRIBUTIONS 1. Committee I. D. Number SCHEDULE 1-IK 2. Committee Name CANDIDATE COMMITTEE Name and Address from whom received If contribution is from an individual, enter last 4. Type of In-Kind Contribution (Check applicable box) 7. Amount or 8. Cumulative Fair Market for Election 5. Date of Receipt name first. Check box to indicate if contribution Value Cycle (Through is from a Political Committee or an Independent 6. Name & Address of Vendor from whom goods or services were date in Item 5) Committee (Both are commonly called PACs). purchased Report all in-kind contributions. Contribution # 1 PAC Receipt? Endorsement or Guarantee of Bank Loan Name & Address: Goods Donated or Loaned Services Donated thomas \$ 741.30 \$ 431.30 Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN If over \$100:80 cumulative, please provide: Description ___ Occupation: Communications Employer Name & Business Address: 5. Date Of Receipt: WESSA 6. Vendor Name & Address: 1475 kindala Click Here for Memo Itemization East Lansing, Ui. **Fund Raiser Contribution** Contribution # 2 PAC Receipt? Yes Endorsementor Guarantee of Bank Loan Name & Address Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN If over \$100.00 cumulative, please provide: Description Occupation: Date Of Receipt: Employer Name & Address: 6. Vendor Name & Address: Click Here for Memo Itemization Fund Raiser Contribution Endorsement or Guarantee of Bank Loan Contribution #3 PAC Receipt? Yes Name & Address: Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN If over \$100.00 cumulative, please provide: Description Occupation: Date Of Receipt: Employer Name & Address: 6. Vendor Name & Address: Click Here for Memo Itemization

Page Subtotal

34130

43130

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

241.30

Enter this total on line 6 of Summary Page

Page_____ of____

Fund Raiser Contribution

ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 46536

2. Committee Name Add as A Association for Style (1 h. 1d)

2.0	Committee Name Haday Hasson tol and Ubula
Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
Expenditure #1	
Name Keystone Willbrock Address	Purpose: Posta a l Date \$392.12
3540 Jesterson II	Click Here for Memo Itemization Type
Grand Lodge, U: They	
3540 Jesterson Hung. 61 and Lodge, M.	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #2	_
Name legstone II! I brook	Purpose: Postage 9123/15;392.14
3540 Setherson Hun	Purpose: YOSTON
Address 3540 Sesteson Hung. Gland Ledge, Mi. USP37	Click 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 Veystone Willbrock Address 3540 Jesteson Huy. Grand Ledge M. 481370.	Purpose: Pr. Atin C Date \$472.68 Click Here for Memo Itemization Type
Fund Raiser	LiCheck box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #4	
Name Kustone Millbrook Address 3540 Jestelson Hour Giard Ledge, Mi. 48837	Purpose: Printing Date \$472.68
615 d lodge 11: 118437	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #5	
Name Maijer	9/23/15 . 20110
6200 Pennsylvania Aug.	Purpose: Stamps Date
6200 Pennsylvania Lue. Lousing, Mi- Juggi	Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
	Subtotal this page 1. 659, CH
	Grand Total of all Schedules 1B

Enter this total on line 8a of Summary Page

(Complete on last page of Schedule)

SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 46536
... 1 12582. 2 50 Sad Ward

	Committee Name 4000 1000	<u> </u>	1 30 m
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name keystone Willbrook		10/14/15	= \$625.66
Address 3540 JeSferson Huy. Grand Ledge, Ui. 48837	Purpose: Vostage	Date	<u> </u>
Grad lada III ilaa 137	∪ Click	Here for Memo	o Itemization Type
orace tange tac. 40001	Check box if this expenditure is payment of	f	
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name Kystone Willbrock Address 3540 Jesfelson Hum. Grand Ladge, M: 49837	^ '	0/(4/(5	\$\173.0
Address 3540 Jestelson Huy.	Purpose: Rinting	Date	-5122-
Grand Ledge, M: 49837	l 		Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	,	
Expenditure #3			
Name Krystone Willbrock Address 3540 Jesteson Huy. Grand Ledge Mi. 48837 U.		10/14/1	5° 553.77
Address 3540 Jesteson Huy	Purpose: Vostago	Date	
Grand Ledge, Mi. 48837 0.	Click I		Itemization Type
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name			
		— Data	\$
Address	Purpose:	Date	
	Click I	Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name			
Address	Purpose:	 Date	\$
	Click I	Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	·	otal this page	7 307 115

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

Enter this total on line 8a of Summary Page

Page _____ of ____



DEBTS AND OBLIGATIONS	1. Committee I.D. Number	4653	C_{-}	
SCHEDULE 1E		<u> </u>		
CANDIDATE COMMITTEE This Schedule itemizes:	2. Committee Name Adou	u Hassain	-pr >	dubo
a Debts and obligations owed by or forgiven the o	MECK either a or b. Use only for the n	ts and obligations owed to o	or forgiven by the co	minillee.
Name and Making 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, pleas provide information regarding the endorsers or guarantors, if any.	Type of Obligation (Description) Indicate date debt was	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 Corp7 Yes Owed to or by: Adout 14 75 Sci. N	4. Type: 10 A.U	\$		
3814 Calvin Ds.	5. Date Debt Was Incurred: 3120/2015	\$ \$		7 000
Lansing, It: 4894	6. Original Amount of Debt:	\$	\$	\$24400 FORGIVEN
If bank loan, name of endorser or guarantor:		\$	unt Endorsed: \$	
Debt #2 Owed to or by: Adom Hossa! Sely Calvin Dr. Loughy M: Yergil	4. Type: 16 A A) 5. Date Debt Was Incurred: 312412015 6. Original Amount of Debt:	\$ \$ \$	s_O	<u>\$ 544.00</u>
if bank loan, name of endorser or guarantor.	* 200'00	\$ \$	ount Endorsed: \$	FORGIVEN
Obet #3 Corps Yes Owed to or by: Adorn Hossa, / N 3814 Calvin Ds. Lansing Mi. 4894	4. Type: LOAN 5. Date Debt Was Incurred: 7/16/2015 6. Original Amount of Debt: \$OCO	\$\$\$\$	\$	s <u>l</u> ecoloc Forgiven
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$	_
A debt or obligation must be shown on this School	Complete on last page of Schadule sh	Page Subtotal (C Grand Total of owing amounts owed by or	Outstanding debt) all Schedules 1E to the committee)	Enter this total on line 12a "owed by" or line 12b
this Campaign Statement or it was forgiven during	the period covered by this Campa	uun owni on it at the closing Statement.		"owed to" of the Summary Page



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number 465 36

CANDIDATE COMMITTEE

Adam Hossain for 3rd Ward

This Schedule itemizes:				<u> </u>
a Debts and obligations owed by or forgiven the com	ımittee OR b. Debt	to and obligations away to a	- Cto Loop	
(Cher	ck either a or b. Use only for the pu	ts and obligations owed <u>to</u> o urpose checked.)	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: 100	 \$		
Adau Hossain	5. Date Debt Was Incurred:	\$		
3814 Calvin Ws.	10/11/2015			
Lousing the 48911	6. Original Amount of Debt:	Φ	\$ 7	\$ <u></u> \$00,00
7	o. Conginal Amount of Best.	\$	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
		! \$_]	FORGIVEN
If bank loan, name of endorser or guarantor:		Amc	ount Endorsed: \$	_
Debt #2 Corp? Yes	4 75			 _
Owed to or by:	4. Type:			
	5. <u>Date Debt Was Incurred</u> :	\$		
1	6. Original Amount of Debt:	\$]	
		\$	l \$	 \$
	\$			FORGIVEN
If bank loan, name of endorser or guarantor:				
Debt #3 Corp? Yes		Am	ount Endorsed: \$	
Owed to or by:	4. Type:			
	5. Date Debt Was Incurred:	\$		
·		•		
ļ	6. Original Amount of Debt:			\$
	\$	\$	<u> </u>	FORGIVEN
				TOKONEK
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$	
		Page Subtotal ((Outstanding debt)	500,00
(Col	mplete on last page of Schedule sh	Grand Total o nowing amounts owed by or	of all Schedules 1E to the committee)	2288.00

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**



Page

FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

CANDIDATE COMMITTEE 2. Committee Name - USE A SEPARATE SHEET FOR EACH EVENT 3. Date Event Was Held 4. Number of Individuals Attending 5. Type of Fund Raising Activity 6. Address and Name (If any) of the or Participating (whichever is place where the activity was held. greater) 10-6-15 7. Total Contributions 8. Other Receipts 9. Gross Receipts (Add lines 7 and 8) 10. Total Cost of Event (Total Cost includes In-Kind Contributions and All Expenditures Made For the Event) 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.

1. Committee I.D. Number