MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

RECEIVED

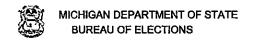
JUL 25 2018

CANDIDATE COMMITTEE COVER PAGE

INGHAM COUNTY CLERK

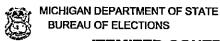
FOR OFFICIAL USE ONLY

COVER PAGE		INGHAM COUNT I CLI	ZKK		
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	signed by indidate.	3. This Statement covers From	1/24/20160 7/2016		
1. Committee I.D. Number		4. Candidate Last Name	First Name M.I.		
46536		4a. Office Sought Including Dis	strict # or Community Served (If applicable)		
2. Committee Name	ə (Lasing City Concil, 312 ward			
3		4b. County of Residence Incham			
5. Committee's Mailing Address 3814 Calsin Or		6. Treasurer's Name & Reside	1 0,		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		3814 Cal	Hussain		
lais no Mi, 19811		Lousing L	υ;Λ <i>\</i> Δ4 λ' 4 <i>&</i> 3!!		
Area Code and Phone 517-528-221	%	[(2005), 1/2, 1/2			
If the address in this box is different from the commi	ttee				
mailing address on the Statement of Organization, rebe sent to this address by the filing official.		Area Code & Phone	7-528-2218		
7. Treasurer's Business Address		Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)			
MIX		\)(\(\(\)			
Area Code and Phone		Area Code and Phone			
9. TYPE OF STATEMENT	_		9e. Dissolution of Candidate Committee		
9a. Pre-Election OR 9b. Post-Election		NLY if candidate ballot for the	By checking this item !/We certify any outstanding debt by the committee to the candidate or his or her spouse is here		
Pre-Election or Post-Election Statement relates to: N	July Quart		by discharged and forgiven, and no longer collectible from the committee. The committee has no oustanding assets,		
Primary	October C	•	owes no lates fees or has any oustanding debt.		
General	OCIODE: C	luai terry	Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.		
Convention Special	9c. 1 .		·		
School	Annua L	il Statement () Coverage Year	Effective date of dissolution		
Caucus		dment to Campaign Statement			
	indica	plete Item 9a, 9b, 9c or 9e to te which Statement is being ded.)	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.		
Date of Election, Convention or Caucus		F2016-0762 7/25/16 2:44 PM Page CAMP \$0.00	e 1 of 1		
		Barb Byrum, Ingham	County Clerk		
			ent and attached schedules (if any) and to the best of		
my\our knowledge and belief the contents are true, a			· ·		
Current Treasurer or Designated Record keeper	hsa/v				
Type or Print Name	-	Signature	•		
Candidate Adum A)55q!n				
Type or Print Name		Signature			



1. Committee I.D. Number 46536

SUMMARY PAGE 255a **CANDIDATE COMMITTEE** RECEIPTS Column !! Column I This Period Cumulative this election cycle 3. Contributions a. Itemized (Schedule 1A - Column 6) b. Unitemized (less than \$20.01 each - no Schedule) c. Subtotal of "Contributions" 4. Other Receipts (Schedule 1A -1, Column 6) (4.) \$ 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) **IN-KIND CONTRIBUTIONS & EXPENDITURES** 6. In-Kind Contributions (Schedule 1-IK, Column 7) (6.) \$ _ 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) **EXPENDITURES** 8. Expenditures a. Itemized (Schedule 1B, Column 6) b. Itemized Get-Out-the-Vote (Schedule 1B-G) c. Unitemized (less than \$50.01 each - no Schedule) 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) **INCIDENTAL EXPENSE DISBURSEMENTS** (Officeholders Only) 10. Disbursements a. Itemized (Schedule 1C, Column 6) b. Unitemized (less than \$50.01 each - no Schedule) 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) (24.)\$ DEBTS AND OBLIGATIONS 12. Debts and Obligations a. Owed by the Committee (Schedule 1E) 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. ÈNDING BALANCÉ (Subtract line 16 from line 15)



Page _____of ____

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 46536

2. Committee Name Adau Hosain & Bid Ward

Page.

2. Committee Name	The state of the s	· Control
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.		cycle for Each or (Through
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 12131201(Name & Address:	0	
3814 Caloin Dr. Lausing, Mi. 48911	<u> 1,600</u> s.l.	<u> </u>
5. If over \$100.00 cumulative, please provide: Occupation Teachar Employer Wareley Comment	Click Here for Memo It	emization
Business Address 620 Snow Rd.	0	
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address		-
	\$\$	
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Ite	emization
Occupation Employer	OURSE TO MICH TO	AT DECEMBER
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		•
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address:	·	
	\$\$ <u></u>	
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Ite	mization
Occupation Employer Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address		
	\$\$,
5. If over \$100.00 cumulative, please provide:	Click Hore for Manne 11-	
Occupation Employer	Click Here for Memo Ite	mzauon
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1600	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	1 600 Enter this total on	
	line 3a of Summary	



ITEMIZED EXPENDITURES SCHEDULE 1B

CANDIDATE COMMITTEE 2.0	Committee Name Adam 1-2	ossa'n for 3rd (
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date 6. Amount
Expenditure #1 Name Kuystone Will brook Address Orand Ledge Mi. 49839	Purpose:	Date \$1995,57
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #2 Name Address	Purpose:	\$
7 Address		ere 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:	Date
Fund Raiser	Click Home Check box if this expenditure is payment of debt or obligation reported on previous statement	ere for Memo Itemization Type
Expenditure #4 Name	_	\$
Address	Purpose:Click He	ere 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:	\$
Fund Raiser	Click He Check box if this expenditure is payment of debt or obligation reported on previous statement	ere for Memo Itemization Type
	Subtota	al this page

1. Committee I. D. Number

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

Enter this total on line 8a of Summary Page



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number	4653	9		
V	11	, (7.	

CANDIDATE COMMITTEE 2. Co	ommittee Name / YOU	~ FUSSALA	<u> </u>	or non al
This Schedule itemizes: a Debts and obligations owed by or forgiven the common of the	mittee OR b. Debts	s and obligations owed <u>to</u> or	forgiven by the con	nmittee.
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.	k either a or b. Use only for the pu 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: Adem Hussain 3814 Calvin Dr. Lansing, M. 48911	4. Type: LOAL) 5. Date Debt Was Incurred: 3/20/7015 6. Original Amount of Debt: \$ 24400	\$ \$ \$ \$ \$ \$ \$	\$ <u>-0</u> -	\$ 244.00
If bank loan, name of endorser or guarantor:	<u></u>	Amo	unt Endorsed: \$	
Debt #2 Corp? Yes Owed to or by: Adam Hossain 3614 Calin Pr. Lansing Mi. 48911 If bank loan, name of endorser or guarantor:	4. Typo: \(\) A \(\) S. \(\) Date Debt Was Incurred: \(\) A \(\) A \(\) Co. \(\) G. \(\) Original Amount of Debt: \(\) \(\) CO.	\$	s	\$ SOO
Debt #3 Corp? Yes Owed to or by: Adam Hossan 3814 Caloin Dr. Lansing M. 48911 If bank loan, name of energiser or guarantor:	4. Type: A A A S. Date Debt Was Incurred: 4. Type: A A A A A A A A A A A A A A A A A A A	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$	\$ 1000
(Ca	emplete on last page of Schedule s	Grand Total of	(Outstanding debt) of all Schedules 1E, r to the committee)	1,744

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 of 2



DEBTS AND OBLIGATIONS

1. Committee I.D. Number

SCHEDULE 1E	/ <u>/</u>	1 (\ \	< 1 $+$ 1
CANDIDATE COMMITTEE 2. C	ommittee Name	er Hoss	aly 101	Jak W
This Schedule iternizes: a Debts and obligations owed by or forgiven the com (Chec	mittee OR b. Debte	s and obligations owed <u>to</u> or	r forgiven <u>by</u> the con	nmittee.
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: 16AD	\$		
Adam Hossin	5. Date Debt Was Incurred:	\$		
3814 Caluin D1.	10111/2015	\$	7	. 500
Larsing, Mi. 48911	6. Original Amount of Debt:	\$	\$ <u>-</u> 0_	\$ <u></u>
1 0003(NZ) 1001.	\$ <u>500,00</u>			FORGIVEN
		- \$		
If bank loan, name of endorser or guarantor:		\$Amo	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type: <u>LO AU</u>	\$Amc	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	5. Date Debt Was Incurred:		ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by: Adam Hosain	5. Date Debt Was Incurred:	\$	ount Endorsed: \$	il
Debt #2 Corp? Yes Owed to or by: Adam Hosain 3814 Calvin D1.	5. Date Debt Was Incurred: 2/3/20/5 6. Original Amount of Debt:	s	ount Endorsed: \$	51,600
Debt #2 Corp? Yes Owed to or by: Adam Hosain	5. Date Debt Was Incurred:	\$ \$ \$	ount Endorsed: \$	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Debt #2 Corp? Yes Owed to or by: Adam Hosain 3814 Calvin D1.	5. Date Debt Was Incurred: 2/3/20/5 6. Original Amount of Debt:	\$ \$ \$	\$	\$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
Debt #2 Corp? Yes Owed to or by: A down Hossain 3814 Calvin D1. Lausing Mi. 48911 If bank loan, name of endorser or guarantor: Debt #3 Corp? Yes	5. Date Debt Was Incurred: 2/3/20\S 6. Original Amount of Debt: \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$\$ \$ An	s nount Endorsed: \$	\$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
Debt #2 Corp? Yes Owed to or by: A dem Hossain 3814 Calvin D1. Lausing Mi. 48911 If bank loan, name of endorser or guarantor:	5. Date Debt Was Incurred: 2/3/20/5 6. Original Amount of Debt: \$	\$ \$ An	\$	\$ 1,600 FORGIVEN
Debt #2 Corp? Yes Owed to or by: A down Hossain 3814 Calvin D1. Lausing Mi. 48911 If bank loan, name of endorser or guarantor: Debt #3 Corp? Yes	5. Date Debt Was Incurred: 2/3/20\S 6. Original Amount of Debt: \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$	\$	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Debt #2 Corp? Yes Owed to or by: A down Hossain 3814 Calvin D1. Lausing Mi. 48911 If bank loan, name of endorser or guarantor: Debt #3 Corp? Yes	5. Date Debt Was Incurred: 2/3/20/5 6. Original Amount of Debt: \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$	\$ \\ \o
Debt #2 Corp? Yes Owed to or by: A down Hossain 3814 Calvin D1. Lausing Mi. 48911 If bank loan, name of endorser or guarantor: Debt #3 Corp? Yes	5. Date Debt Was Incurred: 2 3 20 5 6. Original Amount of Debt: \$	\$	\$	

Page Subtotal (Outstanding debt)

Amount Endorsed: \$

Grand Total of all Schedules 18 (Complete on last page of Schedule showing amounts owed by or to the committee)

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**

If bank loan, name of endorser or guarantor: